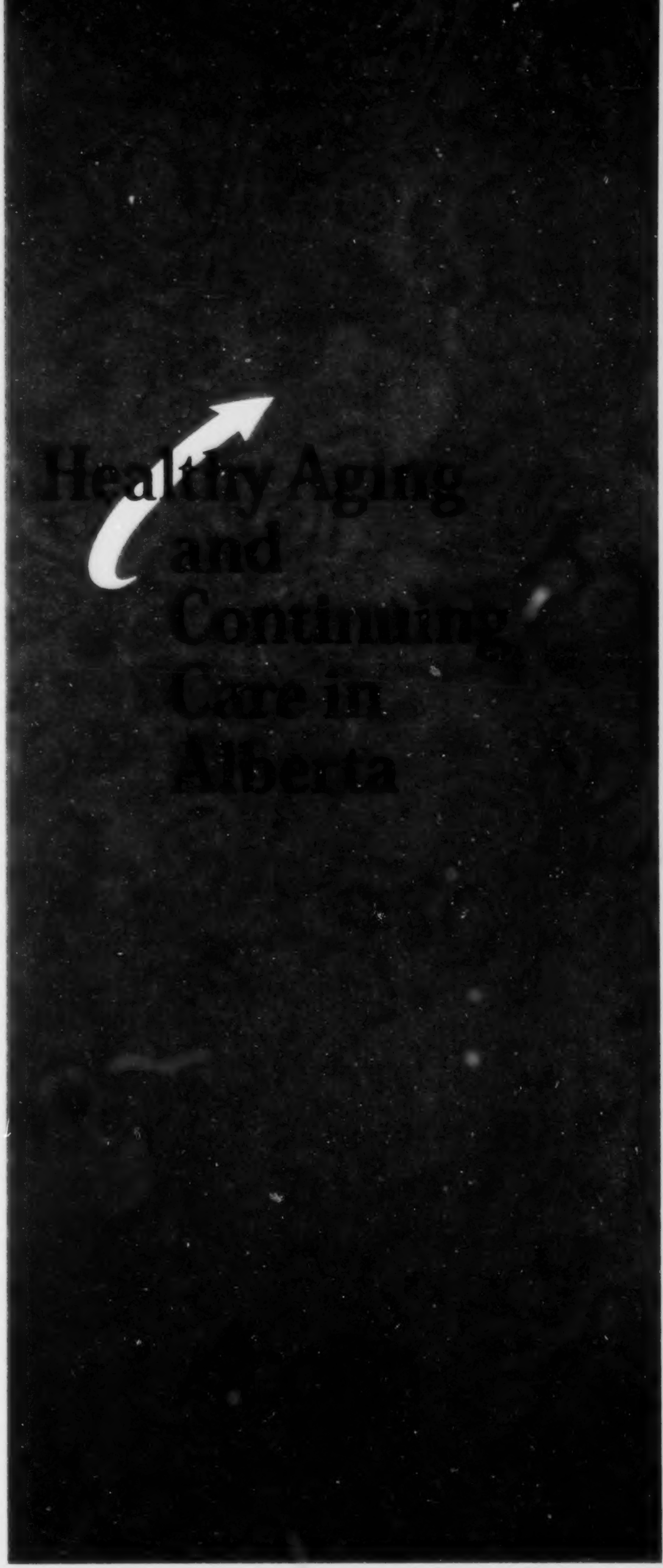
STRATEGIC DIRECTIONS AND FUTURE ACTIONS:



Healthy Aging and Continuing Care in Alberta

APRIL 2000

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STRATEGIC DIRECTIONS AND FUTURE ACTIONS
Healthy Aging and Continuing Care in Alberta

I. PURPOSE

In November 1999, the Minister of Health and Wellness released the final report of the Long Term Care Review: *Healthy Aging: New Directions for Care*. The report recommends a new vision for continuing care and seniors' health in Alberta to meet the changing needs of aging Albertans. The report was released for public review and feedback. There is strong support for the new vision and recommendations of the report from the following respondents: health authorities, provincial professional organizations, consumer organizations, government departments and the public.

Alberta Health and Wellness has developed a document entitled *Strategic Directions and Future Actions, Healthy Aging and Continuing Care in Alberta* based on the results of the stakeholder, public response and departmental analysis. These strategic directions are designed to shift to the new vision and principles for continuing care and to implement the recommendations of the Long Term Care Review Policy Advisory Committee often referred to as the Broda Report. This new vision for continuing care will be implemented in partnership with the health authorities, stakeholders and the public within the next three years.

II. VISION AND PRINCIPLES

A New Vision

Aging in the 21st century in Alberta is in a society where all Albertans:

- *are treated with respect and dignity,*
- *have access to information which allows them to make responsible choices regarding their health and well-being,*
- *can achieve quality living, supported by relatives, friends and community networks and by responsive services and settings.*

This vision for aging is one in which individuals are in control of their life and people have choices in the care they receive and where they receive it. People will "age in place" and age in their own community. Communities and services will be designed in a way to make this vision a reality.

Meeting the future needs of an aging population requires more than just expanding services. It is a holistic approach that looks at all the supports that are needed to assist Albertans to stay in the community as they age. As a new focus on healthy aging, it requires a change in philosophy of the delivery of services so that services are delivered in the sites where individuals live. The nurturing of a caring society and a caring community is also necessary, so that individuals can get the social supports they need from friends, social networks and community agencies.

Guiding principles

Consistent with the vision, the following guiding principles will help the health system respond to an aging population.

Wellness and prevention

- Support healthy aging for all Albertans.
- Emphasize promotion of health and prevention of illness, injury and disease.
- Help Albertans to cope effectively with chronic conditions and function to the best of their abilities.

Client centered

- Endeavor to understand and meet client and family needs, work in partnership with clients, and ensure client choice where possible.
- Acknowledge the client's right to dignity and self-determination.
- Have reasonable access to a variety of affordable services and have their needs met in a flexible, timely and responsive manner.
- Respect the client's right to privacy of space and person.
- Recognize and respond to the physical, psychological, spiritual and social aspects of health.

Information

- Provide clients with access to information required to make informed choices and decisions regarding care and services.
- Ensure confidentiality of personal information, however, allow appropriate sharing of information to support the highest quality of services and best possible outcomes.

Individual and shared responsibility

- ➢ Encourage independence by assisting Albertans to reach their greatest potential, recognizing that clients and families have the primary responsibility for their own health.
- ➢ Recognize the concept of interdependence and facilitate collaboration between Albertans, community and government.

Effectiveness and efficiency

- ➢ Make decisions based, as much as possible, on the values of the consumer, on evidence provided through research, evaluation and technology assessment, and available resources.

Intersectoral approach

- ➢ Recognize that, by working together, Albertans, government, regional and provincial authorities, non-government organizations, and the voluntary and private sector all have an active role in contributing to the health of Albertans.

III STRATEGIC DIRECTIONS AND FUTURE ACTIONS

The following strategic directions and future actions are developed to achieve the new vision. They are guiding statements for Alberta Health and Wellness and the health authorities to use as a reference point as they develop their business plans, service plans, and future policies.

1. HEALTHY AGING: *Promote "healthy aging" as a priority goal for Alberta to ensure that Albertans are healthy and independent as they age*

- **The Government of Alberta supports "healthy aging" as a priority goal for the province of Alberta. The health system will work with other government departments, professional associations, stakeholder groups, the voluntary, private, and public agencies, and the public to provide supports for citizens of Alberta to achieve healthy aging.**
- **Alberta Health and Wellness will work with the health authorities to develop healthy aging strategies, outlining approaches to promote healthy aging for older adults. A population health approach will be used and will include strategies for health promotion, preventive care, and health protection.**

- **Alberta Health and Wellness and the health authorities will work with other government departments, municipalities, stakeholders, and the voluntary, private and public agencies to promote environmental changes in communities that will facilitate healthy living and "aging in place." This includes the design of barrier-free communities, development of accessible transportation services for persons with frailty and disability, and the development of caring support networks at the community level.**

COMMITMENTS/ACTIONS

- Alberta Health and Wellness will work with the health authorities and stakeholder groups to develop a healthy aging strategy where health promotion and preventive care becomes an integrated part of the health system. It will be incorporated into the Alberta Health and Wellness and Health Authorities 2001/2002 Business Plans for implementation. Expectations and reporting mechanisms will be developed to monitor the progress of this strategy.
- Alberta Health and Wellness will work with Alberta Community Development and other stakeholders to facilitate and promote the development of senior friendly communities with barrier free environments and support networks to assist Albertans to age in their own communities.
- Alberta Health and Wellness will work with the Provincial Health Ethics Network and others to promote public awareness and discussion and explore ethical issues specific to seniors' health.
- Alberta Health and Wellness will review transportation policies relating to health related services so that transportation services move towards removing barriers that currently exist so that Albertans can more readily receive these services in the community.

2. **CONTINUING CARE SERVICES:** ***Modify and enhance continuing care services to respond to the aging population with the goal of supporting Albertans to "age in place" in the community***

- **Regional health authorities will prepare ten-year service plans for continuing care services which will cover a broad range of continuing care services including a home living stream, supportive housing stream and facility based stream. The plan will adjust and modify existing continuing care services to respond to the future needs of an aging population.**
- **The guiding principles for the service plans are as follows:**
  - **Continuing care services in Alberta will cover a broad range of services and will be "unbundled" so they can be delivered in a variety of sites.**

- **Regional health authorities are responsible for providing the services, as well as providing a leadership role in coordinating, referring clients and providing linkages to services in the region, as well as linking to services across the regions.**
- **The priority of the service plan will be to provide the necessary supports so that Albertans can remain in their homes (their own house, apartment, or supportive housing unit) for as long as possible based on "assessed needs."**
- **Home care and community-based services will be expanded to assist Albertans to "age in place" in their own community.**
- **Continuing care centres will focus their resources on serving residents with high and complex health needs.**
- **Delivery models will be modified so that they are more flexible and responsive to varying needs of communities.**
- **Services will be provided to Albertans based on "assessed needs" in a manner most appropriate to meet their needs. The publicly funded services will address the clients' needs in the most appropriate manner.**
- **Client choice will be respected wherever possible.**

COMMITMENTS/ACTIONS

- Regional health authorities will prepare and implement ten-year continuing care service plans according to the above strategic directions. The plans will be reviewed by the Minister of Health and Wellness to ensure that the continuing care service needs of residents of all regions are addressed and are moving towards implementation of the new vision for continuing care in Alberta.
- Alberta Health and Wellness will conduct benchmarking studies comparing our service-ratio with other provinces and other countries to strive towards excellence and improvement of services to Alberta residents as well as to move towards providing more services in the community and less in institutions.
- Alberta Health and Wellness will refine the service projection model to forecast service needs including the three streams, by taking into account the changing health status and lifestyle expectations of a new generation of older Albertans. This will ensure that there is rationale for long range planning to meet future continuing care service needs of a new generation of aging Albertans.

3. COORDINATED ACCESS: *Implement an improved process for "coordinated access" province-wide to ensure that there is no barrier to Albertans in receiving continuing care services*

   - **"Coordinated access" is an enhanced model for an information, assessment and referral process.**
   - **The "single point of entry" system will be expanded to include a full range of continuing care services, and be re-named "coordinated access" for continuing care services.**
   - **"Coordinated access" will include providing information when a client makes the initial contact as well as screening, intake, assessment, identification of required services, referral, reassessment/on-going evaluation and discharge planning.**
   - **"Coordinated access" operated by regional health authorities will be accessible to citizens seven days a week. It will be linked to all community-based services, hospital discharge planning and housing registries so that it can provide referrals to a comprehensive array of services.**
   - **There will be no barrier to Albertans in receiving continuing care services when they move from one region to another.**
   - **A new provincial standardized tool for assessing the need for continuing care services will be adopted after demonstration and validation. The tool will be used consistently by regional health authorities.**

   COMMITMENTS/ACTIONS

   - Alberta Health and Wellness and the health authorities will implement a demonstration project to validate and refine the new standardized assessment tool. After testing, validation and refinement, the tool will be implemented and used consistently province-wide. The assessment tool will follow the client and be applied to all continuing care services.
   - Alberta Health and Wellness will work with the regional health authorities to implement policies for "coordinated access" for continuing care services. "Coordinated access" will ensure that Albertans have sufficient information regarding potential choices of services. It will also ensure that continuing care services respond to the changing needs of clients by effective coordination between components of the health system and linkages with other sectors.

4. SUPPORTIVE HOUSING: *Expand care services in supportive housing to meet the needs of the new aging population*

   - **Care services in supportive housing will be enhanced to meet the needs of the aging population living in these settings.**

- **Policies and standards will be developed for services delivered in supportive housing.**

ACTIONS

- Alberta Health and Wellness will form a Health and Housing Partnership Committee and by working together with stakeholders identify and develop policies, standards, and the strategies required to expand supportive housing as an alternative to institutionalization to meet the needs of aging Albertans.
- Regional health authorities will implement the Healthy Aging Partnership Initiative by partnering with housing, the voluntary and/or private sectors to increase supportive housing spaces. Rural health authorities were provided with ten million dollars to support this initiative.

5. HOME CARE AND COMMUNITY CARE: *Expand home care and community care services to meet the increased needs of Albertans in the communities*

- **Home care and community care services will be expanded across the province to support Albertans and enable them to remain independent and in their own homes for as long as possible.**
- **Home care and community care policies will be reviewed and revised to ensure that they do not pose barriers for achieving this objective.**

COMMITMENTS/ACTIONS

- Alberta Health and Wellness will work with the health authorities to amend the current home care policies to enable them to meet the changing needs of the population. Service limits to clients, exemptions and the delivery of self-managed care will also be reviewed.
- Alberta Health and Wellness will continue the implementation of the palliative care drug program providing drugs to palliative clients in the community.
- Alberta Health and Wellness will work with the regional health authorities to implement a Short Term Intravenous Therapy Program for clients in the community with parenteral anti-infectives as the first priority for implementation.

6. **RE-GENERATION OF LONG TERM CARE CENTRES:** ***Re-generate long term care centres to meet the needs of residents with high and complex health needs***

   - **Physical conditions in long term care centres will be improved to provide a better living environment for residents. Improving the physical conditions of long term care centres will be a priority for provincial capital investment.**
   - **Three and four bed wards in long term care centres will be phased out by the year 2006.**
   - **Innovative models for new continuing care centres will be developed to meet the needs of the aging population.**
   - **Continuing care centres will continue to re-orient their services to serve residents with high and complex care needs.**
   - **Human resource strategies will be developed to provide training and support for care centre staff.**

   COMMITMENTS/ACTIONS

   - Alberta Health and Wellness will reflect the need to re-generate long term care centres by utilizing the criteria used to determine provincial priorities for capital investment.
   - Regional health authorities and care centres will work together to re-focus care delivery towards providing care for residents with more complex medical conditions and higher level of care needs.
   - Human resource and training strategies will be developed and implemented to enhance the skills of front line staff, in order to improve the quality of care provided in continuing care centres.

7. **NEEDS OF PERSONS WITH ALZHEIMER'S DISEASE, DEMENTIA AND OTHER SPECIAL NEEDS:** ***Develop provincial and regional plans to meet the special needs of clients with Alzheimer's disease and dementia***

   - **Continuing care services in Alberta will be sensitive to the special needs of different target groups including persons with mental health needs, disabled persons, persons with Alzheimer's disease and dementia as well as persons from different cultural backgrounds.**
   - **The Provincial Mental Health Board will work with regional health authorities to develop a plan to address the mental health needs of older Albertans.**

- **A multi-faceted province-wide plan and regional plans will be developed to address the future needs for care and support for people with Alzheimer's disease and other dementias. The plan will include the following components: education and training, support for care givers, development of supportive housing models and residential centres designed for dementia clients, and supports for long term care centres to meet the needs of residents with severe Alzheimer's disease and dementia.**

COMMITMENT/ACTIONS

- Regional health authorities will review and revise policies for continuing care programs and services to ensure that the services are provided in a culturally sensitive manner to meet the needs of different target groups.
- Alberta Health and Wellness will form an Implementation Committee with representatives from the Alzheimer Society of Alberta and the health authorities to oversee the development and implementation of the province-wide plan to address the needs of people with Alzheimer's disease and dementia.
- The Provincial Mental Health Board will develop a plan, in consultation with regional health authorities, to address the mental health needs of older adults.

8. COMPREHENSIVE CARE FOR THE ELDERLY AND PRIMARY HEALTH CARE: ***Develop comprehensive care for the elderly to address the special needs of older adults with multiple and complex health problems***

- **Regional health authorities will develop comprehensive care for the elderly including enhanced geriatric assessment, improved discharge planning protocols, quick response teams and surveillance services linking acute care hospitals to community-based services within and across regions. The objective is to provide integrated services to the elderly, particularly those with multiple and complex health problems.**
- **Primary health care will be developed as the focal point of a reformed and integrated health system. Stakeholders will be involved in its development.**
- **Alberta Health and Wellness will work with stakeholders to develop strategies regarding medication use by the elderly.**

COMMITMENTS/ACTIONS

- Alberta Health and Wellness will work with the regional health authorities to prepare implementation strategies to support the development of comprehensive care for the elderly. Expectations and reporting requirements for these strategies will be incorporated into the 2002-2003 Business Planning Process.
- Alberta Health and Wellness will host a conference on medication use by the elderly, which will act as a catalyst for future actions regarding medication use by the elderly. Following the conference, specific strategies on medication use will be developed and implemented as a phased in plan.

9. HUMAN RESOURCES: *Enhance the skills and increase the supply of health care workers in the delivery of health services for an aging population*

- **All health care workers, professionals and non-professionals, will have the appropriate skills and knowledge to respond to the needs of an aging population. Current in-service training for health care workers will be enhanced.**
- **A comprehensive community care workforce strategy will be developed to assist in the implementation of this new vision for continuing care.**
- **Supply, recruitment and retention strategies will be developed to ensure that the health system will have sufficient human resources to respond to the aging population.**

COMMITMENTS/ACTIONS

- Alberta Health and Wellness will work with Alberta Learning and training institutions to ensure that in-service and pre-service training programs for personal care aides and home support workers will be more affordable to students.
- Alberta Health and Wellness will work with Alberta Learning and educational institutions to increase geriatric medicine training spaces and geriatric nurse specialists spaces.
- Alberta Health and Wellness will work with the health authorities to project health workforce needs and develop strategies to ensure that there is sufficient and an appropriate mix of health care providers with the appropriate skills and knowledge to respond to the needs of an aging population in Alberta.

V. SUPPORTS TO IMPLEMENT THE VISION

- The above strategic directions cannot be implemented without the necessary supports. Concurrent to the above directions and actions, Alberta Health and Wellness will review and implement the changes necessary in areas such as information systems, standard setting and accountability measures to facilitate the implementation of the above directions.
- Alberta Health and Wellness will also assess and develop the regulation and legislative changes required to implement the above directions.

VI. NEXT STEPS

- Alberta Health and Wellness will develop a three-year implementation plan to achieve the above strategic directions on "healthy aging and continuing care". Multi-stakeholder project groups will be formed for the various initiatives. The public and stakeholders will be consulted as the plan evolves.
- Alberta Health and Wellness will issue "progress reports" as the plan proceeds for implementation. The progress reports will be widely circulated as well as posted on Web sites.

HEALTHY AGING: New Directions for Care

PUBLIC AND
STAKEHOLDER
RESPONSE TO
THE FINAL REPORT
OF THE
LONG TERM CARE
POLICY ADVISORY
COMMITTEE

APRIL 2000

Alberta
HEALTH AND WELLNESS

This project report was prepared for Alberta Health and Wellness by KPMG (Carol Blair and Corey Hanatuke)

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Appendix

A. Listing of Respondents

B. Tables Showing Recommendations by Percentage of Agreements, Very Important and Very Urgent

C. Level of Agreement, Importance and Urgency of Each Recommendation

I

Executive Summary

Alberta's population is aging. Preparing the continuing care system now to address the current and emerging challenges is a priority. In November, 1997, the Minister of Health appointed a Long Term Care Policy Advisory Committee to conduct a comprehensive two year study of long term care services in the province. Their work resulted in a three part report *Healthy Aging: New Directions for Care*, containing a vision, principles and 50 recommendations for building on the strengths of the existing system and proposing innovative approaches for meeting future needs and demands. Upon release of the report, a public consultative process, using a web-based survey, was undertaken to gather responses and feedback on the recommendations. Over 100 service providers, operators of continuing care facilities, professional and provincial associations, provincial and regional health authorities and the public responded. Appendix A contains a listing of all respondents.

The executive summary presents the highlights of the feedback received. Overall, respondents expressed agreement with the vision, principles and future directions proposed in the report. Of the respondents answering the questions on the specific recommendations (just over two thirds), agreement on the 50 recommendations ranged from a high of 100% to a low of 67%. Appendix B contains tables showing the level of agreement, importance and urgency for each recommendation.

Specific feedback on the recommendations is organized into 15 themes. Exhibit I-1 shows each theme and the percentage ratings on the applicable recommendations which are averaged to show the overall level of agreement, importance and urgency for each theme.

Exhibit I-1
Recommendation themes by percentage of agreement, importance and urgency

Theme	Rec. #	% agreement	% important	% urgent
I—Healthy aging	2,3,4	99%	90%	78%
II—Primary health care, acute geriatric care, geriatric assessment and discharge planning	5,6,7,8,9,10	99%	94%	88%
III—future scenarios for continuing care services, home living, supportive living and facility based streams and services.	11,16,17,18	99%	97%	90%
IV—coordinated access and assessment tool.	12,13,14,15	96%	92%	88%
V—special needs, persons with Alzheimer's disease, disabilities, mental health needs and cultural needs.	19, 20, 21, 22	98%	89%	78%

Exhibit I-1
Recommendation themes by percentage of agreement, importance and urgency—continued

Theme	Rec. #	% agreement	% important	% urgent
VI—cost recovery and subsidization policies.	23, 24, 25, 26, 27, 28, 29, 30, 35, 45	82%	89%	82
VII—Continuing Care Act, accountability and standards.	31, 49, 50	99%	93%	83%
VIII—funding.	32, 33,34	91%	95%	93%
IX—drugs, short term acute drugs and supplies, long term care drugs and medication for the elderly.	36, 37, 38, 39	97%	96%	95%
X—education and training.	40, 41, 43	99%	97%	93%
XI—Network of Excellence on seniors' health and geriatric care.	42	92%	80%	60%
XII—informal care givers.	44	93%	85%	84%
XIII—ethical issues.	46	94%	84%	73%
XIV—research.	47	97%	84%	61%
XV—ambulance and transportation.	48	97%	88%	78%

Recommendations regarding the future scenarios, funding, drugs and supplies, and education and training received wide support. The recommendations on cost recovery and subsidization policies received the lowest support.

A number of exhibits follow, showing the ranking of the recommendations according to their percentage ratings on agreement, importance, and urgency. The exhibits that follow are:

- Exhibit I-2—Recommendations receiving 100% agreement (13).
- Exhibit I-3—Recommendations receiving less than 80% agreement (6).
- Exhibit I-4—Top 15 recommendations ranked as very important.
- Exhibit I-5—Top 15 recommendations ranked as very urgent.
- Exhibit I-6—Top recommendations (17) ranked as very important/important and urgent/very urgent.

Exhibit I-2
Recommendations receiving 100% agreement

Number	Recommendation
01	Address immediate needs
02	Promote healthy lifestyles and prevent illness and injury
05	Adopt a primary health care model for services to older people
06	Coordinate health services for older people within and between regions
09	Expand geriatric assessment services across the province
10	Strengthen case coordination and improve discharge planning
14	Ensure a broad range of continuing care services across the province
17	Expand the supportive housing stream
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias
21	Expand community-based mental health services for older people
32	Increase funding to reflect the impact of an aging population
40	Expand education and training for professionals and nonprofessionals
50	Set standards and monitor outcomes

Recommendations pertaining to healthy aging, the strengthening of processes and service providers within the system and the expansion of services to address the needs of older persons were strongly supported.

Exhibit I-3
Recommendations scoring less than 80% agreement

Rec #	Recommendation	%
23	Adopt a conceptual framework on responsibility for costs.	67%
25	Target additional revenues from increased charges to improving services and upgrading facilities.	77%
26	Increase home care charges for daily living services.	75%
28	Provide exemptions for palliative care .	78%
29	Provide some exemptions for respite care.	76%
35	Provide capital support.	77%

Recommendations regarding costs recovery and subsidization policies received the lowest ratings on agreement. Respondents expressed concern about the costing framework and application of charges for various services, especially those designed to keep people living at home as long as possible.

Exhibits I-4 and I-5 show the ranking of the top 15 recommendations when only the "very important" and "very urgent" percentages are considered.

Exhibit I-4
Top 15 recommendations ranked as very important

Rec #	Recommendation	%
43	Ensure an adequate supply of health care professionals and other providers work with an aging population.	89%
1	Address immediate needs.	87%
36	Phase in new programs to support short term acute care drugs used at home.	86%
32	Increase funding to reflect the impact of an aging population.	86%
37	Address the high cost of drugs provided in continuing care centres.	84%
41	Establish basic standards for continuing care staff.	84%
31	Introduce a new Continuing Care Act.	80%
45	Expand respite care.	75%
10	Strengthen case coordination and improve discharge planning.	74%
38	Take steps to address appropriate use of medications by older people.	74%
7	Reorganize acute care services.	74%
40	Expand education and training for professionals and nonprofessionals.	73%
9	Expand geriatric assessment services across the province.	73%
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias.	73%
18	Revitalize long term care centre.	72%

The ranking of the top 15 recommendations as "very" important yielded slightly different results. These recommendations appear to focus on those issues that are of immediate concern in the continuing care system rather than those that are longer term such as the future scenarios.

Exhibit I-5
Top 15 recommendations ranked as "very urgent"

Rec #	Recommendation	%
43	Ensure an adequate supply of health care professionals and other providers work with an aging population.	88%

32	Increase funding to reflect the impact of an aging population .	85%
1	Address immediate needs.	83%
36	Phase in new programs to support short term acute care drugs used at home.	81%
37	Address the high cost of drugs provided in continuing care centres.	77%
10	Strengthen case coordination and improve discharge planning.	69%
40	Expand education and training for professionals and nonprofessionals.	69%
38	Take steps to address appropriate use of medications by older people.	68%
41	Establish basic standards for continuing care staff.	67%
45	Expand respite care.	67%
39	Provide support for equipment and supplies.	66%
31	Introduce a new Continuing Care Act.	65%
34	Fund continuing care facilities consistently across the province.	64%
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias.	64%
16	Expand home care and community services.	63%

The top 15 recommendations ranked as "very urgent" show similar results to the top 15 recommendations ranked as very important, although the ordering differs. The expansion of home care and community services, support for equipment and supplies and consistent funding of continuing care facilities across the province are included among the top "very urgent" items.

Exhibit I-6 shows the top recommendations when the very important/important ratings, and the very urgent/urgent ratings are combined. Due to equivalent ratings on some recommendations, the top 17 recommendations are given.

Exhibit I-6
Top recommendations ranked as important and urgent

Rec #	Recommendation
1	Address immediate needs.
36	Phase in new programs to support short term acute care drugs used at home.
37	Address the high cost of drugs provided in continuing care centres.
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias.
32	Increase funding to reflect the impact of an aging population.
43	Ensure an adequate supply of health care professionals and other providers work with an aging population.
11	Adopt a new scenario for the future of continuing care.
41	Establish basic standards for continuing care staff.
16	Expand home care and community services.
21	Expand community-based mental health services for older people.
45	Expand respite care.
12	Expand coordinated access to include all continuing care services
33	Maintain population-based funding, set outcome measures, and consider geriatric assessment as a province-wide services.
8	Expand acute geriatric services in the regions.
9	Expand geriatric assessment services across the province.
10	Strengthen case coordination and improve discharge planning.
17	Expand the supportive housing stream.
34	Fund continuing care facilities consistently across the province.
39	Provide support for equipment and supplies.

Combining the percentages for the important and urgent ratings shows a balance between addressing the current needs and preparing to meet the future needs by redesigning the system.

From the short survey, the recommendations receiving the most mentions as highest priority were: addressing immediate needs (27), expanding the supportive housing stream (23), introducing a new Continuing Care Act (23) and expanding home care and community services (22). These findings are consistent with the ratings of the recommendations.

The key findings by theme now follow.

A. Healthy aging

Strong support was shown for the recommendations addressing healthy aging. Living a high quality of life, being healthy and active and focusing on wellness were reinforced as important values. Targeting health promotion strategies where the most impact on healthy lifestyles can be realized, was reinforced. However, respondents also noted that clarifying the nature of health promotion and illness prevention programs and the use of effective interventions using evidence-based outcomes, was necessary to ensure effective use of funds.

Fostering independence, consulting with and keeping seniors involved were all regarded as components for quality living. Concern was expressed that development of strategies to empower and engage seniors be a collaborative and "genuine" consultative process with all stakeholders, including the seniors.

Most respondents supported an aging-in-place concept when that meant being able to live in one's own home or community longer. While a community designed for seniors has some appealing features, some were concerned that such communities could foster ghettoizing of the senior population. Developing multi-generational communities that encourage integration of seniors, contain accessible and affordable housing and cater to a broad range of population needs, was viewed as preferable.

B. Primary health care, acute geriatric care, geriatric assessment and discharge planning

The concept of a primary health care model was well received given the wide range of complex health needs that may be experienced by older persons and the use of a multidisciplinary approach to address them. However, some respondents expressed frustration with the lack of a definition for a primary health care model and the lack of description and use of acronyms for some existing programs.

Respondents were unequivocal about the importance of coordinating health services within and between regions. Health services need to be better coordinated so residents may move effortlessly from one part of the province to another.

A high level of support was shown for reorganizing the acute care system with sentiments that many older persons do not receive appropriate attention and care given their symptoms and subsequent needs, including mental health problems. Education and expertise regarding acute care of the older person was viewed as necessary. Specialized approaches in caring for older persons with acute symptoms need to be addressed to facilitate discharge home. Quick response teams linked with emergency departments and improved discharge planning were cited.

Some opposition to "fixing" the acute care system was registered, stating that the problems experienced in acute care are symptomatic of larger, system-wide problems, where the lack of inpatient beds is viewed as a major problem. Seniors who are acutely ill and admitted are considered necessary hospital admissions when they cannot be discharged due to inadequate home and community supports. Better discharge planning, better coordination with home and community care, supportive living, improved funding and access within all levels of care, are required to resolve the problems.

Strong support was also shown for expanding geriatric assessment services across the province, although some respondents felt that the term geriatric assessment needed to be defined. Recognition was given to the limited supply of geriatric specialists, reducing accessibility to services in rural areas. Other service options were suggested such as telehealth, mobile/travelling specialty teams, joint/shared service arrangements between regions, and contracting of geriatricians' services for weekly rural clinics.

Effective discharge planning was viewed as imperative. The development of provincial protocols received some mixed reaction. While documented provincial standards and expectations would be helpful, flexibility was deemed important in responding to the unique circumstances in RHAs and local communities.

C. Future scenarios for continuing care services, home living, supportive living and facility-based streams and services

Strong support was given for a shift in the future system from fewer institutional beds to more home and supportive living arrangements. Of those who responded, 81% supported Scenario 2. However, some concerns were raised that the level of funding and other resources in the community needed to be increased substantially before any shift occurred. Increased demands will be placed on the informal support system, thus support systems and respite programs also need attention.

Unbundling of health, support and housing services was supported but with caution. Concerns were raised that this appeared to be an opportunity to introduce user fees which was not supported.

The expansion of home care and community services and supportive housing was strongly supported, including expansion of services into lodges. Consistency in the development and application of services and funding limits across regions was reinforced. The creation of a Health and Housing Partnership Committee to guide the expansion initiative also received positive feedback, although some reiterated that housing does not fall under the jurisdiction of Health.

Strong support was shown for revitalizing long term care centres. Many respondents noted deteriorating conditions and dysfunctional facilities unable to properly accommodate those with complex needs and high dependencies requiring use of specialized equipment and/or special environmental designs.

D. Coordinated access and assessment tool

Coordinated access to all continuing care services was well accepted and viewed by some as an underlying principle for the provision of continuing care in Alberta. Services need to be available and coordinated (including access to affordable housing) to ensure that individuals receive the care that they require in an efficient, effective and affordable manner, considering all service and housing choices, including lodges. Single point of entry was supported by most and noted to be operating in many regions.

Implementation of new assessment tools was widely supported. New assessment and classification tools need to be comprehensive and holistic in addressing the full range of health needs, including wellness, with applicability across continuing care.

Ensuring a broad range of continuing care services was strongly supported, although some respondents expressed concern about the feasibility and affordability implied by the recommendation. Particular concern was raised by and for rural areas where providing a broad range of services may be not be possible due to funding constraints, low demands/needs due to a small population base, large travelling distances, and difficulty in recruiting and retaining professional staff, especially rehabilitation therapists. Providing a limited range of services supplemented by a transportation system to access specialized services in other communities (maybe another RHA) was viewed as more practical and affordable by some respondents.

The development of a process for information, assessment and referral was supported and viewed as being consistent with earlier recommendations.

E. Special needs, persons with Alzheimer's disease, disabilities, mental health needs and cultural needs

A provincial plan for addressing those with Alzheimer's disease was strongly supported. Many noted the increasing number of residents with some form of dementia and the subsequent increase in care and supervision requirements. Standardized education and training of informal caregivers and staff at all levels, including nursing attendants and personal care aides, was reiterated.

The principle of responding appropriately to the specific needs of a population was reinforced which includes those with disabilities. While the recommendation was supported, concern was expressed about the constraints in rural and smaller communities to accommodate special housing and service needs.

Strong support was given for expanding community-based mental health services, not only for the elderly but for all those with mental illnesses. The delivery of quality, timely and accessible mental health services, including service to prevent mental illness, was viewed as a system-wide issue.

While recognizing and respecting cultural and ethnic diversity is considered an important principle underlying quality care, fewer respondents placed high importance or urgency on this recommendation. As much as possible organizations try to address cultural diversity but many noted that small numbers make it difficult to accommodate special dietary and other ethnic preferences cost effectively. Some areas have introduced programs to address Aboriginal customs. The importance of staff education and cultural sensitivity, with the family playing a major role, was stressed.

F. Cost recovery and subsidization policies

Recommendations regarding costs and subsidization raised the most concerns. The conceptual framework regarding assignment of costs within continuing care received mixed reactions, with only 67% of all respondents agreeing with the framework. Several respondents indicated that they did not understand the determination nor rationale for assigning specific responsibilities for specific costs and felt that they needed more detail before they could fully respond.

While an underlying philosophy exists that those who can pay, should contribute, many raised concerns about the potential financial hardship and subsequent denial of services to those persons with low or fixed incomes. Although government income support and subsidy programs are available, the demands that could be created through the proposed recommendations, could not be addressed without a substantial infusion of monies.

Creating disincentives in the community care system was also viewed as an issue with the proposed charges for activities of daily living that would include personal care. Overall concern was raised that such charges appeared contrary to the future direction for the system.

Others expressed concern with the assignment of costs for housing, particularly noting the additional challenges of addressing higher construction costs in rural and northern areas and the lack of a private sector to supplement public housing activity. Using additional revenues to build a capital pool was challenged as to the appropriate use of such funds and whether sufficient monies would be generated to support future construction and upgrading needs.

Exemptions for individuals who are palliative, require sub-acute or respite care were supported although several felt that the recommendations needed more clarity for implementation purposes. Specifically, concern was expressed about the difficulty in defining particular stages of an individual's care situation and the potentially cumbersome administrative process to apply and withdraw charges when the situation changed.

Most supported a phased-in approach to prepare the system for implementation and the payment of fees for services that are highly subsidized now. With provincial surpluses currently the norm, others expressed concern about the perception of adding and/or increasing charges. A point was made that the conceptual and operational framework for applying charges across the continuing care system be developed carefully with stakeholder input, and in concert with other government income support and subsidy programs.

G. Continuing care act, accountability and standards

Strong support was given for the introduction of a new Continuing Care Act to replace all existing legislation. Specific support was identified for the development and monitoring of service delivery and care standards to ensure consistency across all sectors in continuing care and across all regions, including application to private facilities. Development of this legislation was viewed as requiring extensive stakeholder collaboration.

Strong support was shown for establishing clear lines of accountability. Specific requirements for clear definitions of fiscal, policy and programming responsibility and accountability within and beyond the continuing care system were reinforced.

Clear standards and definitions are needed regarding access (including reasonable access), affordability, funding, financial responsibility, and service expectations. Standards must be quantifiable and measurable. Standards need to be applicable across continuing care, including private and voluntary organizations. A collaborative and inclusive approach is needed for the development of standards, including citizen and community organizations, with Alberta Health and Wellness taking the lead.

H. Funding

All respondents supported increased funding with many feeling an urgency for funding adjustments to be made as soon as possible. Several considerations for funding adjustments were made: allowances for remote, northern and rural communities with large distances and small populations and subsequent higher operating costs; increased funds for health promotion and injury prevention programs in addition to services that respond to client treatment needs; migratory flows between regions; and increased labour costs.

While the population-based funding formula was largely accepted, some challenged whether it was adequately addressing regional disparities in geographical distances, population/senior densities, longevity rates (influenced by health status) and the concentration of acuity cases (i.e., complex cases largely being managed in urban settings).

While support for consistently funding continuing care centres across the province was given, several respondents commented on the variations in operating practices and costs that are affected by geography, population density, facility structures and sizes, resident acuity, program and service mix, staffing mix and subsequent compensation. The impact of standards on these variables was unclear. However, the principles underlying fairness and equity were supported.

I. Drugs, short term acute drugs and supplies, long term care drugs and medication for the elderly

Recommendations related to drug utilization and assurance that their costs do not become a deterrent for access to home care and continuing care facilities were strongly supported. Providing for short term acute drugs and supplies for home care clients was viewed as a necessity, supporting the principle that the site of care should not discriminate against the equitable provision of drugs and supplies.

J. Education and training

Strong support was given for increasing the education and training of all practitioners in the continuing care system. A variety of educational approaches, including distance and Internet-based instruction, are required. As well, funding is required to enhance staff development budgets and for staff replacement. Facilitating specialization in geriatric care was also strongly supported for the creation of more nurse clinical specialists in geriatrics and physicians practising as geriatricians, including psychogeriatricians.

Establishing basic standards for continuing care staff was strongly endorsed. The development of appropriate curricula, accessibility to training, funding to cover costs and the monitoring of the application of standards need to be addressed.

Strong support was shown for developing and maintaining the supply of health care professionals to meet the needs of an aging population. The supply, recruitment and retention of health care professionals, including an aging workforce, were viewed as issues affecting all sectors of health care.

K. Network of Excellence

A provincial Network of Excellence was supported, although some respondents felt that strong educational and training programs were a priority. The Network needs to be relevant, inclusive and accessible to all providers, including frontline workers. Building on and strengthening existing networks such as the Education Resource Centre, was suggested. Also, the Network needs to extend beyond the medical model and address built environment (building standards and design, senior friendly sidewalks and roads), recreational activities, safety and security, enhancement of quality of life, and development of supportive communities.

L. Informal care givers

Recognition of the important and valued role played by informal caregivers was strongly reinforced. Service coordination models need to provide for involvement of informal caregivers in assessing and managing client needs and services. Strategies to support informal caregivers, including strong respite programs, are required.

Some mixed reaction was received with regard to flexible employment policies for informal caregivers. Some respondents noted that employees can be under considerable stress that affects their performance and that some provision needs to be made for them. However, the financial implications of providing extended leaves was raised as an issue.

M. Ethical issues

Considerable feedback was given with respect to ethical issues reinforcing its significance. Some criticism was leveled at the wording of the recommendation, viewing it was weak and non-assertive. A comprehensive ethical framework for decision-making needs to be adopted to assist Albertans in addressing ethical issues inherent in the health system.

A multidisciplinary provincial forum was supported with some respondents suggesting that the role and mandate of the existing Provincial Health Ethics Network be expanded to serve this purpose. The Forum membership needs to be inclusive of disciplines, roles, sectors and levels (i.e., grassroots to department heads), urban and rural areas. The Forum needs to be a formal, clearly accountable and sustainable body with a mandate to provide thoroughly considered information and recommendations to local and regional decision-makers on clinical and administrative ethical issues, standards and policies.

Ongoing education of the public, professionals, administrators and all working in the continuing care system, was strongly promoted, not only for personal directives, but for other issues such as guardianship, trusteeship, competency, resource allocation and decision-making on care and treatment options when nearing the end of life. An ethical decision-making framework was suggested for discussions about the principles and values underlying current payment mechanisms and subsidies. An Ethical Ombudsman position was suggested to serve as a primary contact and information source when ethical issues or dilemmas arise.

N. Research

Most respondents supported research on aging and continuing care, although some felt that other priorities in the system should be met before allocating funds for this purpose. Research needs to be extended beyond the medical model to address factors associated with healthy aging and resilience, health and wellness promotion, illness prevention, determinants of health within a broad context of family, community, and society. Research also needs to build on the existing knowledge base and be collaborative with universities, RHAs, other stakeholders and the Alberta Heritage Foundation for Medical Research.

O. Ambulance and transportation

Transportation is an issue that affects the operation of the continuing care system. Strong support was given for the development of an organized, comprehensive and reliable system to ensure safe, efficient and appropriate transportation for users, considering a partnership between municipalities and health authorities.

Transportation needs are high in rural Alberta, not only for physician appointments and other health-related services, but also for shopping, recreation and visiting. Transportation needs to be adequately addressed and funded. Jurisdiction for transportation services needs to be clarified. Where funding has been provided for transportation, accountability needs to be enforced to ensure that funds are being used accordingly.

Alternatives to ambulances are required for clients requiring transfer between communities or travel to specialist appointments. Other transfer systems, handi-vans and travelling clinics need to be considered.

P. Implementation of the report

Respondents were also asked about the steps to be taken in implementing the report. Although variations were suggested, most suggestions encompassed three themes:

- **Engage the public**—collate and circulate a summary of the public response to the report, conduct awareness and education campaigns, conduct province-wide consultations on the recommendations and develop a communications plan to market the new vision of healthy aging.

- **Confirm government response**—government ministries need to consult on the recommendations and determine their response.

- **Convene multi-stakeholder implementation project groups**—to develop comprehensive implementation plans for clusters of related recommendations in accordance with priorities.

Overall, the report was viewed as a comprehensive document addressing the majority of issues affecting the continuing care system. Respondents expressed satisfaction with the level of consultation throughout the review and the subsequent reflection of stakeholders' input throughout the report.

Now, the challenge is to confirm the recommendations and any adjustments that are required. Setting forth an inclusive implementation strategy, developing the plans and securing the funding to address the most pressing issues and priorities is critical. The government must now respond. Albertans are anxious for results…and Albertans are ready to help!

II

Introduction

Alberta is looking ahead. Ahead to 2016 when its population, especially those aged 65 years or older, will constitute a larger proportion of the population than has ever been experienced. Such a development has significant implications for the people of Alberta on a number of fronts. Continuing care is one system that will experience the impact of a growing senior population. As a result, in November, 1997, the Minister of Health initiated a comprehensive two year study of long term care services in the province. A Long Term Care Policy Advisory Committee was established to guide the review, provide advice on specific issues and develop recommendations for the future. Their work resulted in a three part report *Healthy Aging: New Directions for Care*. Fifty recommendations were presented building on the strengths of the existing system and proposing innovative approaches for meeting future needs and demands.

Alberta is on the threshold of an innovative future for continuing care. As with any significant initiative, the government cannot make this happen by itself. Just as the current system has been built through partnerships, consultative and collaborative approaches with and among all stakeholders, so must the future system. Albertans' response to the proposed directions is critical. Hence, upon release of the report, the Minister of Health directed that a public consultative process be undertaken to gather responses and feedback on the recommendations. To that end, a web-based survey was developed requesting feedback on five general questions and on each of the fifty recommendations. Service providers, operators of continuing care facilities, professional and provincial associations, provincial and regional health authorities and the public responded—101 responses in total. Appendix A contains a listing of respondents who identified themselves.

This report gives a summary of the responses received. The executive summary provides an overview of the respondent profile and describes the feedback according to major themes. The remainder of the report provides a summary of the feedback received on each of the five general questions and on each recommendation. In addition, the respondent profile and responses to each recommendation are given in tabular form, showing the level of agreement, importance and urgency by major respondent categories. The recommendations are presented in the same order as published in the report and subsequently in the survey.

III

Summary Of Responses To Short Survey

The survey was divided into two parts. Part I, the short survey, consisted of five general questions. Part II, the long survey, consisted of each recommendation with a set of three specific questions asking about agreement with the recommendation, the importance and urgency of the recommendation using a four point scale. Some respondents completed both parts of the survey.

In this section we summarize the responses to the five general questions that were posed:

> Do you support the vision and principles proposed by the report?
>
> Do you support the general directions proposed by the report?
>
> Which of the recommendations do you feel are of the highest priority? Why?
>
> Are there any recommendations you would object to? Why?
>
> What are the steps that should be taken to implement the report?

Eighty-two responses were received to the short survey. A summary of the major themes emerging from the responses follow.

A. Do you support the vision and principles proposed by the report?

All respondents supported the vision and principles proposed by the report. Key aspects of the vision and principles supported by respondents were:

- Respect and dignity for all persons being served in the continuing care system.
- All persons having access to appropriate housing and services regardless of income, ensuring equality of access, and facilitating aging-in-place.
- Access to information for making responsible choices regarding health, well-being and quality of life in the community.
- Wellness and prevention services supporting healthy aging, promoting health and preventing illness, injury and disease.
- Continuity of care and coordination of services.
- Increased funding.

- Improved staffing and facilities.

- Accountability.

Areas of concern expressed by respondents were:

- The conceptual framework assigning responsibility for costs. Concern was expressed about the transfer of costs from government to the family and the impact on existing government income support and subsidy programs, causing an increase in demand and cost for these programs. Increasing end user costs was unacceptable to those serving individuals with disabilities.

- Clarity of the principle regarding the confidentiality of personal information and the appropriate sharing of information to support the highest quality of services. Personal information regarding income support programs is highly confidential and cannot be released to any third party.

- Lack of a principle on inter-regional mobility of clients to enable clients to move freely within and between regions, receiving the same standard of service regardless of location in the province.

- Interpretation of client-centred. The system is expected to provide reasonable access to a variety of affordable services and to meet client needs in a flexible, timely and responsive manner which may be difficult to achieve given the variety of interpretations that could be made about reasonable access and affordability.

- Principles lacking in support of young disabled people and the role and impact on their families.

- A large number of aging persons not having support of relatives (families may be small and not living in close proximity), community (limited volunteer capacity) and friends (aging cohorts with limited ability to meet more than their own needs).

- Risk of seniors being isolated in their own homes with the move away from institutional care.

B. Do you support the general directions proposed by the report?

All respondents supported the general directions proposed by the report. Areas most often mentioned were:

- Increased supportive housing options. Supportive housing was viewed as promoting the sense of community by not segregating seniors, thus, enhancing their quality of life.

- Increased funding directed at community outreach programs, home care—an overall shift to community care.

- Services being unbundled.

- Teams of health professionals assessing client needs with improved coordination.

- Continuing care centres offering different types and levels of care and more long term care units.

- Education and training programs for care providers.

- Improvements in discharge planning and acute care.

- Emphasis on wellness, healthy lifestyles, health promotion and prevention of disease.

- Increased collaboration between health sectors, service providers and government departments.

- Development of standards.

Concerns most often mentioned were:

- Sufficient home care resources being available to maintain people in supportive housing, especially in rural areas. Costs of services being provided in the home or supportive housing were viewed as the responsibility of government. Seniors on low income need to be protected.

- Higher service and capital costs in rural areas. Capital funding for rural and northern areas needs to be addressed. Capital costs for supportive housing need to be a shared responsibility with government. Capital or operating grants are required. Funding and user fees to support capital costs were not supported.

- Informal caregivers being recognized but not being coerced into providing care if they are unable to do so. Coercion will place increasing demands on income support programs.

- Transportation services needing more attention, especially in small and rural communities.

- Considerable impact being experienced by the housing industry but housing issues not specifically addressed.

- Aging-in-place in seniors' facilities leading to a higher proportion of those with cognitive impairments, creating a disincentive for healthy seniors. Segregation was then viewed as reality, contributing to higher costs.

C. Which of the recommendations do you feel are of the highest priority?

Many respondents felt that all the recommendations were important, making them difficult to prioritize. Others felt that some recommendations provided a base upon which to implement the other recommendations, hence, identifying those recommendations as priority.

Four recommendations were most frequently identified as priorities:

- Addressing immediate needs.
- Expanding the supportive housing stream.
- Introducing a new Continuing Care Act.
- Expanding home care and community services.

The priorities for all recommendations by frequency of mention are given in Exhibit III-1

Exhibit III-1
Recommendations ranked by frequency of mention

Rec. #	Recommendation	# responses
1	Address immediate needs	27
17	Expand the supportive housing stream	23
31	Introduce a new Continuing Care Act	23
16	Expand home care and community services	22
2	Promote healthy lifestyles and prevent illness and injury	11
40	Expand education and training for professionals and non-professionals	11
11	Adopt a new scenario for the future of continuing care	10
19	Develop a province-wide plan for addressing needs of people with Alzheimer's disease and other dementias	9
32	Increase funding to reflect the impact of an aging population	9
43	Ensure an adequate supply of health care professionals and other providers to work with an aging population	8
10	Strengthen case coordination and improve discharge planning	7
12	Expand coordinated access to include all continuing care services	7
13	Implement new assessment tools	7
23	Adopt a conceptual framework on responsibility for costs	7
	All recommendations addressing costs (23-30)—(3)	
36	Phase in new programs to support short term acute drugs used at home	7
44	Support informal caregivers	7
50	Set standards and monitor outcomes	7
6	Coordinate health services for older people within and between regions	6
18	Revitalize long term care centres	6
28	Provide exemptions for palliative care	6
34	Fund continuing care facilities consistently across the province	6
39	Provide support for equipment and supplies	6
41	Establish basic standards for continuing care staff	6
24	Increase charges in continuing care centres	5

Exhibit III-1
Recommendations ranked by frequency of mention—continued

Rec. #	Recommendation	# responses
33	Maintain population-based funding, set outcome measures, and consider geriatric assessment as a province-wide service	5
8	Expand acute geriatric services in the regions	5
3	Empower and engage seniors	5
26	Increase home care charges for daily living services	4
27	Provide exemptions for sub-acute care	4
37	Address the high cost of drugs provided in continuing care centres	4
48	Clarify responsibility for health-related transportation	4
9	Expand geriatric assessment services across the province	4
14	Ensure a broad range of continuing care services across the province	4
5	Adopt a primary health care model for services to older people	4
7	Reorganize acute care services	4
4	Design future communities for an aging population	3
15	Implement a new information, assessment and referral process	3
30	Phase in any changes to cost recovery charges and subsidies	3
35	Provide capital support	3
38	Take steps to address appropriate use of medications by older people	3
47	Expand research on aging and continuing care	3
21	Expand community-based mental health services for older people	2
25	Target additional revenues from increased charges to improving services and upgrading facilities	2
29	Provide some exemptions for respite care	2
42	Establish a province-wide program in seniors health and geriatric care	2
49	Establish clear lines of accountability	2
45	Expand respite care	1
46	Take steps to explore ethical issues	1
20	Address the continuing care needs of people with disabilities	1
22	Respond to cultural and ethnic diversity of people in continuing care	1

D. Are there any recommendations you would object to? Why?

While most respondents supported the recommendations, some recommendations were viewed as problematic primarily due to lack of clarity and philosophical differences. The recommendations creating the most objections were:

- **Responsibility for costs** (recommendations 23-30). The most sensitive section in the report relates to costs—the application and costs of user charges, the division of responsibility between the user, government and provider and the provision of funds for capital projects. Several respondents expressed concern about the levy of charges for those using home care services, including personal care and respite services, if support in the community is the future direction. Concern was expressed that financial hardship might force some people into more expensive institutional settings which will ultimately increase costs to the government, while potentially denying clients of their preferred options. Defining income and applying income testing were viewed as further barriers to service provision.

Specific concern was focused on low income seniors and other disabled persons on fixed incomes. Government income support and subsidy programs are available to support these individuals. However, the implications on the existing programs could be extensive, requiring an infusion of public funds into these programs. This was viewed as an issue for increased charges in both community (charges for daily living services) and continuing care settings (accommodation charges).

More discussion and clarification was requested on the conceptual framework on the responsibility for costs. Disagreement was voiced about individuals paying for: housing costs (construction, renovations and upgrading); basic personal care; respite care; and palliative care (accommodation and capital charges).

Capital funding recommendations also met with criticism. Responsibility falling to the provider for one third of the costs was an issue for rural RHAs that lack support from a private sector. Another perspective suggested that the federal and provincial governments were responsible for this expenditure. Others had difficulty with the notion of using additional revenues from resident charges to create a capital pool, feeling that residents should not be expected to support such costs.

The population-based formula raised concerns for sparsely populated areas and regional centres, including those with smaller seniors population.

Increasing funding to reflect the impact of the aging population raised concerns about improperly focusing on the costs or inputs into the system rather the outputs or outcomes. Allocation of public funds needs to be based on priorities and evidence of program appropriateness and effectiveness.

Payment methodologies for continuing care centres (recommendations 34 and 35) were viewed as potentially prescriptive, limiting the flexibility of RHAs to respond to local situations.

- The **opening of acute beds** to reduce immediate pressure on the continuing care system was challenged. Some fear that such a short-term remedy might become convenient, losing sight of the long term objective of strengthening the continuing care system. Others felt that such a solution was inappropriate given the poor track record of the acute care system in caring for older persons.

- **Supportive housing** also generated concerns. The supportive housing industry was viewed outside the jurisdiction of Health. Others expressed concerns about aging-in-place in supportive housing arrangements such as lodges and self-contained apartments and the impact of mixing those with failing health with those who are healthy. Some places are already dealing with these issues and would prefer to avoid this situation by having alternate places that individuals can live in the community when their care needs increase. Others also voiced concerns that self-contained apartments remain as an affordable housing option to seniors and not become viewed as supportive housing where high levels of support services might be provided.

- Other concerns related to **definitions for palliative care** (recommendation 28); overall appearance of a shift to **increasing provincial direction** (need to clearly define local and provincial roles and responsibilities); thrust towards home and supportive living in the **new**

continuing care scenario; and the lack of recommendations addressing **advocacy** on behalf of individuals in the new system.

E. What are the steps that should be taken to implement the report?

Numerous suggestions were put forth for implementation ranging from provision of funding for specific and immediate priorities to the development of implementation committees consisting of a broad range of stakeholders to act on the feedback and identified priorities. Collaboration and partnership were overriding themes in taking the recommendations forward for implementation.

Strategic follow-up most frequently mentioned, included variations on the following themes:

- **Engage the public**—collate and circulate a summary of the public response to the report, conduct awareness and education campaigns, conduct province-wide consultations on the recommendations and develop a communications plan to market the new vision of healthy aging.
- **Confirm government response**—government ministries need to consult on the recommendations and determine their response.
- **Convene multi-stakeholder implementation project groups**—to develop comprehensive implementation plans for clusters of related recommendations. Recommendations would be prioritized, using the ratings received from the results of the public survey. Within the priorities, provincial and regional roles would be established. For provincial roles, responsible government departments would be confirmed. A multi-stakeholder steering committee, would be established to develop a master implementation plan to move recommendations forward in a realistic time-frame. Individual project working groups could be established to develop specific implementation plans for each cluster of recommendations. The implementation plan would include an evaluation component, specific timeframes and funding requirements. Regular progress reports would be submitted.

Specific suggestions to be acted on now, included:

- Increase supportive housing units. Provide funding to private sector to develop housing options. One suggestion was an allocation of $25 million per year to establish a reserve of funds for supportive housing starts. Establish the Health and Housing Partnership Committee.
- Increase home care funding and funding to supportive housing, addressing staffing needs.
- Increase funding to continuing care centres.
- Finalize assignment of responsibility for costs, followed by funding to address major issues and inequities.
- Implement the new Continuing Care Act, establishing competency and operating standards.
- Begin education and training programs for health care workers.

Above all, respondents urged that the government not delay in taking action on the recommendations. While timeframes need to be realistic, the government, in collaboration with stakeholders, needs to move forward with the changes required, providing the necessary support during the transition period.

IV

Summary Of Responses By Recommendation

In this section, we present the summary of responses to each recommendation. The left page gives the analysis of the responses to the questions about the level of agreement, importance and urgency by respondent categories for each recommendation. The right page repeats the corresponding recommendation from the Final Report of the Long Term Care Policy Advisory Committee, to assist the reader in reviewing the feedback. References to the Committee are referring to this Committee.

Just over 100 responses were received to the recommendations. However, the number of responses to the specific questions asked of each recommendation was considerably less, ranging from a low of 51 (50%) to a high of 70 (69%). On average, about two thirds of all respondents answered the specific questions with the highest non-respondent group being government departments.

The profile of the respondents is given in the following exhibits, showing respondent characteristics by affiliation, age group and location. Exhibit IV-1 shows the number of respondents by affiliation. The largest number of surveys was received from the "other" category followed by lodge foundations and health authorities (includes the Alberta Mental Health Board and Regional Health Authority Boards).

Exhibit IV-1
Number of respondents by affiliation

Affiliation	N	%
Community Health Council	5	5%
Government Department	6	6%
Lodge Foundation	12	12%
Other	30	29%
Professional Association	6	6%
Public/consumer of the health system	9	9%
Health Authority Boards	10	10%
Regional Health Authority Management	8	8%
Regional Health Authority Staff	9	9%
Seniors Organization	6	6%
Total	101	100%

Exhibit IV-2 shows the number of respondents by age group. Those respondents reporting their age largely represented the 41-64 age groups with fewer responses being submitted by seniors.

Exhibit IV-2
Number of respondents by age group

Age group	N	%
40 years or younger	6	6%
41 - 54	20	20%
55 - 64	13	12%
65 - 74	7	7%
75 and over	5	5%
Multiple ages or broad age range reported for single survey	5	5%
Not reported	45	45%
Total	101	100%

Exhibit IV-3 shows the number of respondents by location. Most respondents were located outside of Edmonton and Calgary.

Exhibit IV-3
Number of respondents by location

Location	N	%
Edmonton/Calgary	36	36%
Other	55	55%
Not reported	10	9%
Total	101	100%

The following exhibits provide a summary of the recommendations receiving the highest ratings by level of agreement, importance and urgency. All recommendations and their ratings are given in Appendix C.

Exhibit IV-4 shows the recommendations where respondents agreed 100% with the recommendations (13 recommendations).

Exhibit IV-4
Recommendations scoring 100% agreement

Number	Recommendation
01	Address immediate needs
02	Promote healthy lifestyles and prevent illness and injury
05	Adopt a primary health care model for services to older people
06	Coordinate health services for older people within and between regions
09	Expand geriatric assessment services across the province
10	Strengthen case coordination and improve discharge planning
14	Ensure a broad range of continuing care services across the province
17	Expand the supportive housing stream
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias
21	Expand community-based mental health services for older people
32	Increase funding to reflect the impact of an aging population
40	Expand education and training for professionals and nonprofessionals
50	Set standards and monitor outcomes

Exhibit IV-5 shows the top 15 recommendations by descending order of importance (very important and important percentages were combined).

Exhibit IV-5
Top 15 recommendations by importance

Number	Recommendation	% Very important/ important
43	Ensure an adequate supply of health care professionals and other providers work with an aging population	89%
01	Address immediate needs	87%
36	Phase in new programs to support short term acute care drugs used at home	86%
32	Increase funding to reflect the impact of an aging population	86%
37	Address the high cost of drugs provided in continuing care centres	84%
41	Establish basic standards for continuing care staff	84%
31	Introduce a new Continuing Care Act	80%
45	Expand respite care	75%
10	Strengthen case coordination and improve discharge planning	74%
38	Take steps to address appropriate use of medications by older people	74%
07	Reorganize acute care services	74%
40	Expand education and training for professionals and nonprofessionals	73%
09	Expand geriatric assessment services across the province	73%
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias	73%
18	Revitalize long term care centre	72%

Exhibit IV-6 shows the top 15 recommendations by descending order of urgency (very urgent and urgent percentages were combined).

Exhibit IV-6
Top 15 recommendations by urgency

Number	Recommendation	% Very urgent/ urgent
43	Ensure an adequate supply of health care professionals and other providers work with an aging population	88%
32	Increase funding to reflect the impact of an aging population	85%
01	Address immediate needs	83%
36	Phase in new programs to support short term acute care drugs used at home	81%
37	Address the high cost of drugs provided in continuing care centres	77%
10	Strengthen case coordination and improve discharge planning	69%
40	Expand education and training for professionals and nonprofessionals	69%
38	Take steps to address appropriate use of medications by older people	68%
41	Establish basic standards for continuing care staff	67%
45	Expand respite care	67%
39	Provide support for equipment and supplies	66%
31	Introduce a new Continuing Care Act	65%
34	Fund continuing care facilities consistently across the province	64%
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias	64%
16	Expand home care and community services	63%

A summary of the feedback and major themes that emerged in the comments to the specific recommendations follows.

Recommendation 1—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10*	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	53%	0%	47%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	75%	0%	25%
Regional Health Authority Staff	9	100%	0%	0%
Seniors Organization	6	83%	0%	17%
Average	101	68%	0%	32%
Average (respondents only)	69	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	70%	0%	0%	0%	30%
Lodge Foundation	12	67%	0%	0%	0%	33%
Other	30	47%	7%	0%	0%	47%
Professional Association	6	83%	0%	0%	0%	17%
Public/consumer of the health system	9	67%	22%	0%	0%	11%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	89%	11%	0%	0%	0%
Seniors Organization	6	50%	33%	0%	0%	17%
Average	101	60%	9%	0%	0%	31%
Average (respondents only)	70	87%	13%	0%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	70%	0%	0%	0%	30%
Lodge Foundation	12	67%	0%	0%	0%	33%
Other	30	40%	10%	3%	0%	47%
Professional Association	6	83%	0%	0%	0%	17%
Public/consumer of the health system	9	56%	22%	0%	0%	22%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	89%	11%	0%	0%	0%
Seniors Organization	6	50%	33%	0%	0%	17%
Average	101	56%	11%	1%	0%	32%
Average (respondents only)	69	83%	16%	1%	0%	0%

*** Some Health Authority responses are listed under other categories. The same comment applies to other tables.**

Recommendation 1: Address immediate needs

The Committee recommends that:

- Additional funding should be provided to address the current pressing needs in continuing care.
  - The first priority should be to increase support for home care services so that more people can receive the care they need at home rather than in facilities.
  - Steps should be taken to expand home care services in supportive housing arrangements such as expanding services available in lodges especially in rural communities, making use of subsidized apartments for seniors' housing, and expanding health services in coordination with home care.
  - Additional funding should be targeted to increase the number of qualified front line staff available to address the increasing acuity of people in long term care centres.
  - For people with complex and chronic health problems, additional funding should be provided to regional health authorities to allow them to look at all possibilities for using existing space and beds in the region, including re-opening closed beds. Although these beds are located primarily in acute care centres, they could be used on a short term basis to accommodate people with higher health needs. There should be minimal disruption to people who are already living in long term care centres.
  - For people with less serious health problems, the priority should be on expanding home and community care, providing respite care for informal caregivers, and expanding supportive living arrangements.

Of those responding to the questions:

100% agreed; 100% very important/important; 99% very urgent/urgent

Respondents were largely supportive of the recommendation to address immediate needs in the continuing care system. Specific points were reinforced:

- Increased funding is supported for home care (including more support services in the home), new or renovated continuing care beds, and respite programs such as adult day and night care programs. The recent funding increases in the system were applauded although several noted that they were still insufficient to address increasing demands/care requirements and the increased operating costs, including higher staff compensation.

- Not only was the need for increasing the number of frontline staff supported but many emphasized that the competencies of the staff also need to be enhanced given the increased acuity of residents and their subsequent care requirements. Higher levels of professional staff (increasing focus on multidisciplinary teams) were viewed as essential. Concern was also raised about the ability of the continuing care sector to compete in the recruitment and retention of professional staff, especially those in high demand such as nurses and rehabilitation therapists.

- Reopening acute care beds met with some mixed reaction. Some view the re-opening of acute care beds to meet continuing care needs as regressive, potentially delaying the development or expansion of alternative approaches in moving the system towards the future vision. Although recommended as a short term measure, some are wary that such a short term measure may become long term, placing older persons in a more expensive environment that is not designed to meet their specific care needs, in fact, is viewed as detrimental to their physical and mental health. Use of acute beds for this purpose further restricts the availability of acute beds for acute care patients. Others suggested that re-opening beds creates a negative public perception, and, possibly some unrealistic public expectations where such bed re-opening cannot be justified.

- Enhancing the level of care in lodges, subsidized apartments and other supportive housing met with some caution. The availability of more personal care is supported provided that the residents can be safely maintained in these environments. However, others believe that the housing mandate must not be jeopardized, turning these facilities into continuing care facilities. As well, the allocation of funding for and responsibility for the additional care costs needs to be determined in a fair and equitable way. The expected role and responsibilities of the RHAs, families and municipalities in funding care need to be more clearly addressed.

Recommendation 2—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	67%	0%	33%
Other	30	57%	0%	43%
Professional Association	6	67%	0%	33%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	69%	0%	31%
Average (respondents only)	70	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	50%	30%	0%	0%	20%
Lodge Foundation	12	67%	0%	0%	0%	33%
Other	30	27%	20%	10%	0%	43%
Professional Association	6	67%	0%	0%	0%	33%
Public/consumer of the health system	9	67%	11%	11%	0%	11%
Regional Health Authority Management	8	25%	63%	0%	0%	13%
Regional Health Authority Staff	9	44%	33%	11%	0%	11%
Seniors Organization	6	50%	17%	17%	0%	17%
Average	101	44%	19%	7%	0%	31%
Average (respondents only)	70	63%	27%	10%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	20%	50%	10%	0%	20%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	20%	20%	17%	0%	43%
Professional Association	6	67%	0%	0%	0%	33%
Public/consumer of the health system	9	44%	33%	11%	0%	11%
Regional Health Authority Management	8	13%	63%	13%	0%	13%
Regional Health Authority Staff	9	44%	33%	11%	0%	11%
Seniors Organization	6	33%	17%	33%	0%	17%
Average	101	32%	26%	12%	0%	31%
Average (respondents only)	70	46%	37%	17%	0%	0%

Recommendation 2: Promote healthy lifestyles and prevent illness and injury

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The Committee recommends that:

- Policies and programs to support healthy aging should be a priority for the provincial government. There should be an initial investment across government and sufficient resources - funding, people, commitment and knowledge - should be available to support the implementation and delivery of healthy aging programs and services.
- Alberta Health and Wellness and regional health authorities should work with seniors, physicians, volunteer agencies, government departments and other stakeholder groups to develop health policies and strategies to support healthy aging.
- Higher priority should be placed on programs that promote healthy lifestyles and prevent illness and injury including good nutrition, active living, immunization, eliminating smoking, preventing falls, and preventing illnesses that can lead to chronic health problems.
- Regional health authorities should have an expanded capacity to provide health promotion and prevention programs targeted at healthy aging. As part of their business plans, regional health authorities should be required to have a specific plan to develop, implement, measure, monitor, and evaluate progress in implementing healthy aging strategies.
- Regional health authorities should develop strategies to identify elderly people at risk. This could include case finding and screening processes, and other actions designed to identify health needs in elderly people and take steps to prevent further deterioration of their health.

Of those responding to the questions:

100% agreed; 90% very important/important; 83% very urgent/urgent

All respondents supported this recommendation and the majority regarded healthy lifestyles and the prevention of illness and injury as important and urgent. Recurring themes were:

- Living a high quality of life, being healthy and active and focusing on wellness were regarded as important values supported by seniors and service providers alike. Several service providers are actively engaged in such programs although expansion of existing programs and seniors wellness clinics was noted as important. Specific areas of health and injury prevention were identified as high priorities such as healthy eating, suicide, elder abuse, falls, operation of motor vehicles, dental care and smoking.
- Targeting health promotion strategies where the most impact on healthy lifestyles can be realized, was reinforced. Being proactive with a focus on healthy living at an early age was noted as important. An early age was viewed by some as starting in the childhood years and continuing throughout the life span while others noted that it was more of a priority for the baby boomers and those in their 40s and 50s. Others suggested that such programs should be targeted at seniors and families who are high risk, including seniors in low socio-economic

situations, and that screening programs, especially for nutritional status, could be implemented to make the most effective use of resources in areas of high need.

- Clarifying the nature of health promotion and illness prevention programs and strategies and the use of effective interventions using evidence-based outcomes, were regarded as necessary for the effective utilization of funds. The use of multidisciplinary approaches, including participation from the family, was also reinforced. The current role of lodges, provincial and regional health authorities and the emerging interest in volunteer organizations and universities were noted.

Recommendation 3—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	3%	50%
Professional Association	6	67%	0%	33%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	67%	17%	17%
Average	101	65%	2%	33%
Average (respondents only)	68	97%	3%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	20%	50%	0%	0%	30%
Lodge Foundation	12	25%	42%	0%	0%	33%
Other	30	20%	20%	7%	3%	50%
Professional Association	6	50%	17%	0%	0%	33%
Public/consumer of the health system	9	44%	33%	11%	0%	11%
Regional Health Authority Management	8	13%	75%	0%	0%	13%
Regional Health Authority Staff	9	44%	22%	22%	0%	11%
Seniors Organization	6	33%	33%	0%	17%	17%
Average	101	29%	30%	6%	2%	34%
Average (respondents only)	67	43%	45%	9%	3%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	0%	17%	67%
Health Authority Board	10	10%	50%	10%	0%	30%
Lodge Foundation	12	25%	33%	8%	0%	33%
Other	30	17%	13%	17%	3%	50%
Professional Association	6	33%	33%	0%	0%	33%
Public/consumer of the health system	9	33%	22%	22%	0%	22%
Regional Health Authority Management	8	0%	63%	25%	0%	13%
Regional Health Authority Staff	9	33%	22%	33%	0%	11%
Seniors Organization	6	33%	17%	17%	17%	17%
Average	101	22%	26%	15%	3%	35%
Average (respondents only)	66	33%	39%	23%	5%	0%

Recommendation 3: Empower and engage seniors

The Committee recommends that:

- Strategies should be implemented to assist elderly people to cope with chronic conditions, maintain their independence and ability to manage their own care, and improve their quality of life. Alberta Health and Wellness should take the lead to work with regional health authorities, seniors, and other agencies to develop and implement these strategies.
- Strategies should be developed to promote active engagement in life for older persons. These strategies should be developed jointly by Alberta Health and Wellness, health authorities, physicians, seniors, other government departments, voluntary and community agencies.

Of those responding to the questions:

97% agreed; 88% very important/important; 72% very urgent/urgent

Several respondents noted an interrelationship with the fostering of healthy living and coping abilities. Fostering independence, consulting with and keeping seniors involved were all regarded as components for quality living. Points reinforced were:

- The development of strategies to empower and engage seniors needs to be a collaborative and "genuine" consultative process with all stakeholders, including the seniors. Partnerships for the sharing of ideas and resources need to be encouraged.
- The strategies need to be adapted to unique community circumstances and lifestyles, considering the need for additional resources such as transportation in rural communities. Public education, clinical practice guidelines for professionals and information/referral services are also needed across the province.
- Chronic conditions need to include mental disorders with strategies being directed at some of the more common issues such as depression and limited coping skills. Many of these life skills need to be learned early in life and can be applied to all ages of people, including younger persons with chronic diseases.

Recommendation 4—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	58%	0%	42%
Other	30	50%	0%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	75%	0%	25%
Regional Health Authority Staff	9	78%	11%	11%
Seniors Organization	6	83%	0%	17%
Average	101	65%	1%	34%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	40%	10%	0%	20%
Lodge Foundation	12	58%	0%	0%	0%	42%
Other	30	30%	13%	7%	0%	50%
Professional Association	6	50%	17%	17%	0%	17%
Public/consumer of the health system	9	44%	33%	11%	0%	11%
Regional Health Authority Management	8	63%	13%	13%	0%	13%
Regional Health Authority Staff	9	56%	22%	11%	0%	11%
Seniors Organization	6	33%	50%	0%	0%	17%
Average	101	43%	18%	7%	0%	33%
Average (respondents only)	68	63%	26%	10%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	20%	30%	30%	0%	20%
Lodge Foundation	12	58%	0%	0%	0%	42%
Other	30	17%	17%	13%	3%	50%
Professional Association	6	17%	33%	17%	17%	17%
Public/consumer of the health system	9	33%	33%	22%	0%	11%
Regional Health Authority Management	8	38%	38%	13%	0%	13%
Regional Health Authority Staff	9	33%	33%	22%	0%	11%
Seniors Organization	6	0%	67%	17%	0%	17%
Average	101	27%	25%	14%	2%	33%
Average (respondents only)	68	40%	37%	21%	3%	0%

Recommendation 4: Design future communities for an aging population

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The Committee recommends that:

- Alberta Health and Wellness should work in partnership with the different levels of government, the housing industry and corporate sponsors to design future communities where seniors can "age in place," retain supportive networks of family and friends, and experience a positive quality of life.

Of those responding to the questions:

99% agreed; 89% very important/important; 77% very urgent/urgent

Most respondents supported an aging-in-place concept when that meant being able to live in one's own home or community longer. Consistent use of the terminology does not always occur and the nature of housing and support services varies from area to area. Some common themes were:

- While a community designed for seniors has some appealing features, some were concerned that such communities could foster ghettoizing of the senior population. Developing multi-generational communities that encourage integration of seniors, contain accessible and affordable housing and cater to a broad range of population needs was viewed as preferable.

- The unavailability of affordable housing was also cited as an increasing concern, particularly as more private housing developments target seniors with higher incomes. The affordability issue is compounded in rural areas where little private development occurs due to the limited market. Incentive programs for developers and income support programs for seniors may be needed to address this issue.

- More collaboration and joint policy development are needed among stakeholders, including seniors, government, the health and housing industries. Respective philosophies, mandates and responsibilities need to be clarified.

Recommendation 5—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	0%	40%
Lodge Foundation	12	58%	0%	42%
Other	30	47%	0%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	67%	0%	33%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	61%	0%	39%
Average (respondents only)	62	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	20%	30%	10%	0%	40%
Lodge Foundation	12	8%	50%	0%	0%	42%
Other	30	20%	20%	7%	0%	53%
Professional Association	6	83%	0%	0%	0%	17%
Public/consumer of the health system	9	22%	22%	11%	0%	44%
Regional Health Authority Management	8	38%	38%	0%	0%	25%
Regional Health Authority Staff	9	78%	0%	0%	0%	22%
Seniors Organization	6	17%	67%	0%	0%	17%
Average	101	30%	26%	4%	0%	41%
Average (respondents only)	60	50%	43%	7%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	20%	20%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	10%	20%	30%	0%	40%
Lodge Foundation	12	8%	42%	8%	0%	42%
Other	30	17%	10%	20%	0%	53%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	22%	33%	0%	0%	44%
Regional Health Authority Management	8	13%	63%	0%	0%	25%
Regional Health Authority Staff	9	56%	22%	0%	0%	22%
Seniors Organization	6	0%	67%	17%	0%	17%
Average	101	21%	27%	12%	0%	41%
Average (respondents only)	60	35%	45%	20%	0%	0%

Recommendation 5: Adopt a primary health care model for services to older people

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The Committee recommends that:

- A primary health care model should be adopted as the most effective approach for providing health services to older people with complex health care needs. An example would be expanding integrated care delivery programs such as PACE and CHOICE programs.
- A five-year strategic plan and implementation strategy should be developed to expand primary health care models across the province with a priority on meeting the needs of frail elderly people with complex, chronic health care needs.
  - Part of the action plan should include a review of how programs and services are currently funded to ensure that there are appropriate incentives for taking a primary health care approach to services for older people.
- Alberta Health and Wellness should work with health authorities, physicians, registered nurses and other health providers, the voluntary and private sectors, and agencies to develop a provincial framework and prototypes for primary health care for older people.

Of those responding to the questions:

100% agreed; 93% very important/important; 80% very urgent/urgent

The concept of a primary health care model was well received given the wide range of complex health needs that may be experienced by older persons and the use of a multidisciplinary approach to address them. However, some respondents expressed frustration with the lack of definition for a primary health care model and the lack of description and use of acronyms for some existing programs. They were unfamiliar with these terms and felt that they could not comment on the recommendation.

Some primary health services are viewed as being poorly organized and inaccessible within the overall health system. Nutritional counselling and mental health assessment/support/programs were given as two examples.

Concern was expressed about recognizing the differences between rural and urban areas and the applicability of models to address needs in these areas. The integration of services across the continuum of care, or integrated service delivery systems, that allow seniors to remain living where they are, was viewed favorably, and in some cases, promoted as an underpinning of the new vision for the broader health system.

Recommendation 6—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	0%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	67%	0%	33%
Average (respondents only)	68	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	20%	10%	0%	20%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	23%	20%	3%	0%	53%
Professional Association	6	50%	17%	17%	0%	17%
Public/consumer of the health system	9	56%	33%	0%	0%	11%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	67%	22%	0%	0%	11%
Seniors Organization	6	50%	17%	17%	0%	17%
Average	101	45%	19%	4%	0%	33%
Average (respondents only)	68	66%	28%	6%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	30%	10%	0%	30%
Lodge Foundation	12	33%	33%	0%	0%	33%
Other	30	27%	7%	13%	0%	53%
Professional Association	6	50%	17%	17%	0%	17%
Public/consumer of the health system	9	56%	11%	11%	0%	22%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	56%	22%	11%	0%	11%
Seniors Organization	6	50%	17%	17%	0%	17%
Average	101	41%	16%	9%	0%	35%
Average (respondents only)	66	62%	24%	14%	0%	0%

Recommendation 6: Coordinate health services for older people within and between regions

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The Committee recommends that:

- Health authorities should develop and implement strategies to coordinate care for elderly patients with multiple health needs and ensure that services are integrated within their region and coordinated with other regions. This will, of necessity, mean that providers of primary health care (physicians, nurses, and others) need to work together dynamically as teams.

Of those responding to the questions:

100% agreed; 94% very important/important; 86% very urgent/urgent

Respondents were unequivocal about the importance of coordinating health services within and between regions. Health services need to be better coordinated so residents may move effortlessly from part of the province to another. Concerns with the existing situation were reinforced:

- Barriers experienced in accessing services when moving from regional health authority to another were frequently mentioned. Issues of turf protection (protected funding and jurisdiction), service inequity, funding and service restrictions were noted as impeding service coordination and overall program portability.

- Timely access to services, specialists and specialized programs for those living at a distance was also cited as a need. Bringing programs to residents or advancing telemedicine/telehealth approaches were viewed as acceptable alternatives.

Recommendation 7—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	0%	40%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	0%	53%
Professional Association	6	67%	0%	33%
Public/consumer of the health system	9	78%	11%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	63%	1%	36%
Average (respondents only)	65	98%	2%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	30%	0%	0%	40%
Lodge Foundation	12	58%	8%	0%	0%	33%
Other	30	27%	13%	7%	0%	53%
Professional Association	6	67%	0%	0%	0%	33%
Public/consumer of the health system	9	67%	0%	11%	11%	11%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	78%	11%	0%	0%	11%
Seniors Organization	6	50%	33%	0%	0%	17%
Average	101	48%	13%	3%	1%	36%
Average (respondents only)	65	74%	20%	5%	2%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	30%	0%	0%	40%
Lodge Foundation	12	25%	42%	0%	0%	33%
Other	30	27%	7%	13%	0%	53%
Professional Association	6	50%	17%	0%	0%	33%
Public/consumer of the health system	9	33%	11%	22%	11%	22%
Regional Health Authority Management	8	50%	38%	0%	0%	13%
Regional Health Authority Staff	9	44%	44%	0%	0%	11%
Seniors Organization	6	67%	17%	0%	0%	17%
Average	101	35%	22%	6%	1%	37%
Average (respondents only)	64	55%	34%	9%	2%	0%

Recommendation 7: Re-organize acute care services

The Committee recommends that:

- Medical and acute care services and practices should be reorganized so they are better able to meet the needs of an aging population, the frail elderly, and older people with chronic health conditions.
- Alberta Health and wellness should take the lead in working with regional health authorities, physicians, health providers, university-based educators, seniors and stakeholders to develop a provincial framework for organizing and integrating acute care services to meet the needs and increased volume of elderly people. This would include establishing the standards, expectations and outcomes for acute geriatric care in the province. It also should clarify the roles and responsibilities of acute care, home care, long term care centres, community care, mental health, and the role of regional health authorities.

Of those responding to the questions:

98% agreed; 94% very important/important; 89% very urgent/urgent

A high level of support was shown for reorganizing the acute care system with sentiments that many older persons do not receive appropriate attention and care given their symptoms and subsequent needs, including mental health problems. Specific points were reinforced:

- The roles and responsibilities of each sector, including the service providers within the sector, need to be clarified. Standards, expectations, best practices and outcomes need to be established and promoted in acute care, home care, long term care centres, community care and mental health. Sources of funding also need to be clarified. Communication among all sectors needs to be strengthened.
- Education and expertise regarding acute care of the older person was viewed as necessary, including geriatric medicine as a core element in medical school curricula. The preparation of geriatric nurse specialists was also encouraged.
- Specialized approaches in caring for older persons with acute symptoms need to be addressed to facilitate discharge home. Quick response teams linked with emergency departments and improved discharge planning were cited. As well, the role of sub-acute units/beds to allow for convalescence was viewed as an option to reduce pressure on acute care beds and to provide for a more appropriate convalescing environment for the older person.
- Some disagreement to "fixing" the acute care system was registered, stating that the problems experienced in acute care are symptomatic of larger, system-wide problems where the lack of inpatient beds is viewed as a major problem. Seniors who are acutely ill and admitted are considered necessary hospital admissions when they cannot be discharged due to inadequate home and community supports. Better discharge planning, better coordination with home and community care and supportive living, improved funding and access within all levels of care are viewed as necessary to resolve the problems.

Recommendation 8—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	0%	40%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	3%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	75%	0%	25%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	63%	1%	36%
Average (respondents only)	65	98%	2%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	60%	0%	0%	0%	40%
Lodge Foundation	12	50%	8%	0%	0%	42%
Other	30	30%	10%	3%	0%	57%
Professional Association	6	33%	33%	17%	0%	17%
Public/consumer of the health system	9	44%	44%	0%	0%	11%
Regional Health Authority Management	8	25%	50%	0%	0%	25%
Regional Health Authority Staff	9	78%	0%	0%	0%	22%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	42%	16%	3%	0%	40%
Average (respondents only)	61	69%	26%	5%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	40%	30%	0%	0%	30%
Lodge Foundation	12	25%	17%	17%	0%	42%
Other	30	30%	13%	3%	0%	53%
Professional Association	6	33%	33%	17%	0%	17%
Public/consumer of the health system	9	44%	44%	0%	0%	11%
Regional Health Authority Management	8	13%	50%	13%	0%	25%
Regional Health Authority Staff	9	67%	11%	0%	0%	22%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	35%	22%	6%	0%	38%
Average (respondents only)	63	56%	35%	10%	0%	0%

Recommendation 8: Expand acute geriatric services in the regions

The Committee recommends that:

- Regional health authorities should be responsible for working with people in their region to assess acute geriatric services, deliver programs and services consistent with the overall provincial direction, and monitor and evaluate the effectiveness of the services they provide.

- Regional health authorities should develop strategies to prevent unnecessary admissions of elderly people to acute care hospitals.

- Clear alternatives to emergency room care and traditional in-hospital care should be available for frail elderly people who develop acute illnesses. Staff in emergency rooms and in acute care hospitals should have processes in place to identify "at risk" seniors.

Of those responding to the questions:

98% agreed; 95% very important/important; 91% very urgent/urgent

Respondents reinforced several points also made in response to recommendation #7. Major needs include specialized geriatric education, expertise and services in caring for older persons who present with acute needs, especially in rural areas. In particular, emergency departments were identified as an area where effective interventions can occur preventing an unnecessary admission to acute care. Specialized geriatric teams working in the emergency departments can do pre-admission assessments, often identifying alternative approaches to meeting the needs of the older person. In the event older persons do have to be hospitalized, efforts should be made to discharge them as soon as possible to the community with the appropriate supports in place. Step-down units were also reinforced as an effective approach to the convalescence of older persons following acute care hospitalization. Some RHAs have developed and are using specialized geriatric programs.

At risk seniors may also be identified in the community by specialized primary care teams with appropriate measures taken to offer primary care services and other community supports needed before a person seeks emergency care.

Some concern was expressed about the development of strategies to prevent unnecessary admissions in the event that the strategies/proposed criteria denied admission to someone who truly required hospitalization. A question was raised about what would be considered unnecessary and who would have the responsibility for making this decision.

Recommendation 9—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	67%	0%	33%
Other	30	50%	0%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	78%	0%	22%
Regional Health Authority Management	8	75%	0%	25%
Regional Health Authority Staff	9	100%	0%	0%
Seniors Organization	6	83%	0%	17%
Average	101	67%	0%	33%
Average (respondents only)	68	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	70%	10%	0%	0%	20%
Lodge Foundation	12	42%	25%	0%	0%	33%
Other	30	37%	10%	3%	0%	50%
Professional Association	6	83%	0%	0%	0%	17%
Public/consumer of the health system	9	22%	44%	11%	0%	22%
Regional Health Authority Management	8	50%	25%	0%	0%	25%
Regional Health Authority Staff	9	100%	0%	0%	0%	0%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	49%	15%	3%	0%	34%
Average (respondents only)	67	73%	22%	4%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	50%	30%	0%	0%	20%
Lodge Foundation	12	33%	25%	8%	0%	33%
Other	30	23%	20%	7%	0%	50%
Professional Association	6	50%	33%	0%	0%	17%
Public/consumer of the health system	9	22%	33%	22%	0%	22%
Regional Health Authority Management	8	38%	38%	0%	0%	25%
Regional Health Authority Staff	9	67%	33%	0%	0%	0%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	36%	25%	6%	0%	34%
Average (respondents only)	67	54%	37%	9%	0%	0%

Recommendation 9: Expand geriatric assessment services across the province

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The Committee recommends that:

- Geriatric assessment services should be available in all regions across the province.
- Alberta Health and Wellness should review how geriatric assessment services currently are provided across the province and determine whether or not geriatric services should be considered as a provincial program.
- Expanded educational programs should be available to provide specialized geriatric training for physicians, nurse specialists, and other staff of acute care hospitals.

Of those responding to the questions:

100% agreed; 95% very important/important; 91% very urgent/urgent

Strong support was shown for expanding geriatric assessment services across the province, although some respondents felt that the term geriatric assessment needed to be defined. Comments were closely related to those made in response to earlier recommendations. Points reinforced were:

- Geriatric assessment services were mostly supported as a provincial program although some expressed concern about the meaning of a provincial program, wanting to ensure that the services would be offered through RHAs and not through a provincial health authority. Recognition was given to the limited supply of geriatric specialists, reducing accessibility to services in rural areas. Other service options were suggested such as telehealth, mobile/travelling specialty teams, joint/shared service arrangements between regions, and contracting of geriatricians' services for weekly rural clinics. Expanded roles in geriatrics for nurse practitioners in collaboration with primary care physicians was also viewed as an attractive alternative. Nurse specialists could also be appointed in long term care facilities.
- Specialized psychogeriatric units attached to acute care facilities were also recommended. Community services delivered through a clinic system linking both home care and inpatient specialized psychiatric programs were also recommended as an effective way to address needs.
- Geriatric educational programs were viewed as a necessity for all service providers across the health system, not confined only to those in acute care. Effective training of nurses and family physicians could assist in the identification and appropriate referral of older persons to provincial/regional assessment programs. High costs associated with additional educational and training programs of staff currently working in facilities were identified as barriers, although long distance training through computer-based programs was viewed as feasible.
- Financial incentives for family physicians, other than fee for service arrangements, were also identified.

Recommendation 10—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	0%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	65%	0%	35%
Average (respondents only)	66	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	20%	0%	0%	30%
Lodge Foundation	12	58%	8%	0%	0%	33%
Other	30	20%	20%	7%	0%	53%
Professional Association	6	50%	17%	17%	0%	17%
Public/consumer of the health system	9	67%	11%	11%	0%	11%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	78%	0%	0%	0%	22%
Seniors Organization	6	67%	0%	17%	0%	17%
Average	101	49%	12%	5%	0%	35%
Average (respondents only)	66	74%	18%	8%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	40%	0%	0%	30%
Lodge Foundation	12	58%	8%	0%	0%	33%
Other	30	23%	20%	3%	0%	53%
Professional Association	6	50%	17%	17%	0%	17%
Public/consumer of the health system	9	33%	33%	11%	0%	22%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	78%	0%	0%	0%	22%
Seniors Organization	6	67%	0%	17%	0%	17%
Average	101	45%	16%	4%	0%	36%
Average (respondents only)	65	69%	25%	6%	0%	0%

Recommendation 10: Strengthen case coordination and improve discharge planning

The Committee recommends that:

- Provincial protocols for case coordination and discharge planning should be developed and implemented not only within hospitals but also between hospitals and other programs and services within and outside the region. Alberta Health and Wellness should take the lead to work with regional health authorities, physicians and health providers to develop these protocols.

- Every regional health authority should have effective processes for discharge planning in place to ensure appropriate coordination and support for self care or family care, and access to continuing care services in the region and between regions. These discharge planning processes are especially important when home care is not involved and individuals and their families are responsible for follow-up.

Of those responding to the questions:

100% agreed; 92% very important/important; 94% very urgent/urgent

Effective discharge planning was viewed as imperative. The development of provincial protocols received some mixed reaction. While documented provincial standards and expectations would be helpful, flexibility was deemed important in responding to the unique circumstances in RHAs and local communities regarding their organizational structures and partnerships. Specific points stressed for effective discharge planning and case coordination were:

- Inadequate community services and home care support to enable people to return home early. Assurance of adequate supports is necessary for those returning to provincial housing facilities. If family members are allowed to stay home to care for relatives, the demand on income support programs will increase.

- Poor coordination between community and facility services poses major barriers. Also coordination between urban and rural RHAs could be improved through appointment of outreach workers, Transition Care Director or appointment of rural discharge planning positions within home care. Use of the single point of entry would also facilitate appropriate discharge and placement in the community.

- Improved communication—both written and spoken—and teamwork would also enhance coordination. Successful discharge planning also requires the support of the family physicians.

Recommendation 11—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	40%	0%	60%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	43%	0%	57%
Professional Association	6	67%	0%	33%
Public/consumer of the health system	9	78%	0%	22%
Regional Health Authority Management	8	75%	0%	25%
Regional Health Authority Staff	9	78%	22%	0%
Seniors Organization	6	83%	0%	17%
Average	101	60%	2%	38%
Average (respondents only)	63	97%	3%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	60%	10%	0%	0%	30%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	30%	20%	0%	0%	50%
Professional Association	6	50%	17%	0%	0%	33%
Public/consumer of the health system	9	33%	44%	0%	0%	22%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	67%	22%	0%	0%	11%
Seniors Organization	6	50%	33%	0%	0%	17%
Average	101	46%	20%	0%	0%	35%
Average (respondents only)	66	70%	30%	0%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	50%	20%	0%	0%	30%
Lodge Foundation	12	42%	25%	0%	0%	33%
Other	30	30%	13%	7%	0%	50%
Professional Association	6	50%	17%	0%	0%	33%
Public/consumer of the health system	9	22%	33%	11%	0%	33%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	44%	33%	11%	0%	11%
Seniors Organization	6	17%	50%	17%	0%	17%
Average	101	37%	23%	5%	0%	36%
Average (respondents only)	65	57%	35%	8%	0%	0%

Recommendation 11: Adopt a new scenario for the future of continuing care

The Committee recommends that:

- Continuing care services should be delivered in three streams—the home living stream, the supportive living stream and the facility-based stream.
  - The first priority should be to keep elderly people in their homes as long as possible.
  - By 2005, there should be a moderate shift from the current situation. A smaller percentage of the population should need to be served in continuing care facilities and there should be a corresponding increase in alternative supportive housing arrangements and care in the home. By 2016, there should be a major change with more supportive living options, expanded care in the home and a corresponding reduction in the proportion of people needing continuing care facility beds.
- Alberta Health and Wellness should develop a five year implementation plan to achieve the targets set in the scenarios and to implement strategies to:
  - "Unbundle" health care services, support and housing services, allow flexibility in packaging services to meet an individual's needs, and review subsidy policies to reflect these new approaches.
  - Expand community and home care services.
  - Expand supportive housing and care sites.
  - Upgrade continuing care centres to care for elderly people with more serious and complex health needs.
  - Develop a new generation of continuing care centres with new and innovative designs and methods for delivering services.
- The future scenarios and progress in implementing those scenarios should be reviewed at least every three years.

Of those responding to the questions:

97% agreed; 100% very important/important; 92% very urgent/urgent

Respondents were also asked to indicate which scenarios they supported. Thirty-one replies were received; 70 respondents did not give an answer. Exhibit IV-7 provides the feedback.

Exhibit IV-7
Support for continuing care scenarios[1]

Question 11—Response by Scenario	N	%
Base Scenarios	2	2%
Scenario 1	3	3%
Scenario 2	25	24%
Scenario 3	1	1%
No response	70	70%
Total	101	100%

[1] *Only those who responded are included.*

The majority of respondents supported Scenario 2.

While strong support was given for a shift in the future system from fewer institutional beds to more home and supportive living arrangements, some concerns were also raised:

- Emphasis on supporting people in their own homes and in supportive living arrangements for as long as possible was applauded. However, concerns were raised that the level of community funding and other resources need to be increased substantially, especially if fewer beds will be available in the system. The system cannot make the shift before the resource base in the community is strengthened. Resources refer not only to funding but also to a wider range of services, including rehabilitation services, social services, transportation and recreation activities. Concerns about client isolation and loneliness were raised, particularly for those people with limited mobility. In addition, the supply of medical services, medications, treatments, equipment and supplies needs to be equitable regardless of the continuing care stream. Those choosing to live in the community should not be financially penalized.

- The availability of and willingness of informal caregivers and the acceptance of risk were raised as concerns. With more people choosing to live at home, increased demands will be placed on the informal support system. The accessibility of informal caregivers, their financial resources and their capabilities, given that many of them may also be aging and experiencing health problems, were viewed as potential barriers unless other supportive options can be offered simultaneously such as day programs.

- Unbundling of health, support and housing services was supported but with caution. Concerns were raised that this appeared to be an opportunity to introduce user fees which was not supported. As well, if user fees were introduced, low income seniors could be denied the opportunity to be at home if they could not afford the fees, or if subsidies were unavailable.

  Unbundling of services needs to result in improved flexibility, access and efficiency. Hence, standards respecting access, availability, timeliness and financial responsibility are required.

- The capacity of rural communities to support enhanced home and supportive living arrangements was raised as a concern. The small volume of seniors was viewed as a deterrent to cost effective service provision. As well, upgrading continuing care facilities to accommodate those with complex health needs was viewed as costly and potentially unaffordable. Other alternatives for rural areas need to be addressed. In addition, small rural markets were viewed as a disincentive for private sector housing developments.

- The shift from continuing care centres was viewed by some as unrealistic given the population growth and the increasing complexity of health problems. Accordingly, an expansion in continuing care centres, along with a valuing of this living arrangement, was viewed as necessary. Reference was made to the development of a new generation of continuing care centres that would be responsive to individual resident needs, including those with highly specialized care requirements, and that would accommodate flexible staffing to meet their needs appropriately.

- The methodology to derive the scenarios was challenged by some with a request for more details. Others recommended that the scenarios be reviewed in three to five years to assess progress and make adjustments that may be required.

Recommendation 12—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	58%	0%	42%
Other	30	50%	0%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	67%	11%	22%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	64%	1%	35%
Average (respondents only)	66	98%	2%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	40%	30%	0%	0%	30%
Lodge Foundation	12	33%	25%	0%	0%	42%
Other	30	23%	27%	0%	0%	50%
Professional Association	6	50%	33%	0%	0%	17%
Public/consumer of the health system	9	33%	33%	11%	0%	22%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	67%	22%	0%	0%	11%
Seniors Organization	6	33%	17%	17%	0%	33%
Average	101	38%	25%	2%	0%	36%
Average (respondents only)	65	58%	38%	3%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	10%	50%	10%	0%	30%
Lodge Foundation	12	0%	58%	0%	0%	42%
Other	30	17%	27%	7%	0%	50%
Professional Association	6	33%	33%	17%	0%	17%
Public/consumer of the health system	9	11%	56%	0%	0%	33%
Regional Health Authority Management	8	50%	25%	0%	0%	25%
Regional Health Authority Staff	9	56%	22%	11%	0%	11%
Seniors Organization	6	17%	33%	17%	0%	33%
Average	101	23%	34%	6%	0%	38%
Average (respondents only)	63	37%	54%	10%	0%	0%

Recommendation 12: Expand coordinated access to include all continuing care services

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The Committee recommends that:

- Access to continuing care services should be based on assessed need. To the extent possible, people should have choices in the services they receive and where those services are provided.
- People should have reasonable and timely access to the continuing care services they need based on availability, affordability and the appropriateness of services needed.
- There should be a coordinated, single point of entry to a full range of continuing care services.
- Regional health authorities should work together to ensure there is coordinated access to services across regional boundaries.
- People who want to access continuing care services from regions other than their home region should be considered on the same basis as residents who live in the region.
- Technology should be used to facilitate and streamline the referral process and share assessment information appropriately. The client's privacy must be protected when assessment information is shared.

Of those responding to the questions:

98% agreed; 96% very important/important; 91% very urgent/urgent

Coordinated access to all continuing care services was well accepted and viewed by some as an underlying principle for the provision of continuing care in Alberta. Services need to be available and coordinated (including access to affordable housing) to ensure that individuals receive the care that they require in an efficient, effective and affordable manner, considering all service and housing choices, including lodges. Single point of entry was supported by most and noted to be operating in many regions. Concerns mentioned most frequently were:

- Access to continuing care services across regional boundaries was challenged in principle and in practice. Several respondents philosophically disagreed stating that residents living within their boundaries should receive first priority. Exceptions appeared acceptable if the resident moving into another regional health authority was doing so to be with family members who were resident in that region. However, others challenged the movement between regions given the negative impact of disrupting older people's lives, especially those with mental disorders. Overall, several felt that different criteria should be applied when looking to admit someone from outside the region.

- The current planning practices and financial implications regarding the import/export of residents were viewed as deterrents. Others felt that the funding should flow with the person to enable more mobility across regions when needed to meet a person's needs.

- Confidentiality of client information was also reinforced. Given the electronic capabilities in sharing information, concern was expressed that privacy provisions be assured, and that information only be transferred with client consent.

- Access to rehabilitation services was identified as a specific concern due to economic disincentives and shortages of rehabilitation therapists and support workers. The importance of rehabilitation services in restoring health following acute episodes and in maintaining health and preventing mobility impairment was stressed.

Recommendation 13—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	10%	20%
Lodge Foundation	12	58%	0%	42%
Other	30	47%	3%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	75%	0%	25%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	64%	2%	34%
Average (respondents only)	67	97%	3%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	20%	0%	10%	30%
Lodge Foundation	12	42%	17%	0%	0%	42%
Other	30	23%	20%	7%	0%	50%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	22%	56%	11%	0%	11%
Regional Health Authority Management	8	63%	13%	0%	0%	25%
Regional Health Authority Staff	9	78%	11%	0%	0%	11%
Seniors Organization	6	17%	17%	17%	0%	50%
Average	101	40%	19%	4%	1%	37%
Average (respondents only)	64	63%	30%	6%	2%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	40%	10%	10%	0%	40%
Lodge Foundation	12	42%	17%	0%	0%	42%
Other	30	23%	17%	10%	0%	50%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	11%	56%	11%	0%	22%
Regional Health Authority Management	8	50%	25%	0%	0%	25%
Regional Health Authority Staff	9	67%	22%	0%	0%	11%
Seniors Organization	6	17%	17%	17%	0%	50%
Average	101	35%	21%	6%	0%	39%
Average (respondents only)	62	56%	34%	10%	0%	0%

Recommendation 13: Implement new assessment tools

The Committee recommends that:

- A new provincial standardized tool for assessing the need for continuing care services should be adopted by Alberta Health and Wellness and used consistently by regional health authorities.
- A provincial standardized method should be developed for assessing family support, income and criteria for referrals to services available in home care, supportive housing and long term care centres.
- The new assessment tools currently under development should be reviewed to assess whether they are consistent with the overall direction and specific recommendations included in this report.
- A three year plan should be developed to implement the new system of assessment and classification systems.

Of those responding to the questions:

97% agreed; 93% very important/important; 90% very urgent/urgent

Implementation of new assessment tools was widely supported. Several respondents noted that the current assessment tool and classification tools were outdated and not being used consistently across the province. Points reinforced were:

- New assessment and classification tools need to be comprehensive and holistic in addressing the full range of health needs, including wellness, with applicability across continuing care. As well, consistent and mandatory application of the tools in Alberta should be required and staff trained to ensure that residents are being assessed reliably across the province.
- Consultation with organizations and staff who will be using the tools was reinforced. Current efforts underway to develop and implement new tools were noted, with some RHAs having developed their own tools. Integration of the assessment and classification tools was also reinforced. The development of tools that can be computerized was also recommended.
- Any provincial, standardized assessment tools/methodologies that address accommodation need input from lodge management bodies and supportive housing operators.
- The development of tools and methodologies for assessing income requires consultation with other government departments administering income-based services. Some concern was expressed that the assessment of income could influence eligibility for services and also inferred that charges would be applied to some services which was questioned.

Recommendation 14—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	0%	40%
Lodge Foundation	12	58%	0%	42%
Other	30	53%	0%	47%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	65%	0%	35%
Average (respondents only)	66	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	20%	30%	10%	0%	40%
Lodge Foundation	12	33%	25%	0%	0%	42%
Other	30	13%	30%	7%	0%	50%
Professional Association	6	17%	50%	17%	0%	17%
Public/consumer of the health system	9	33%	44%	11%	0%	11%
Regional Health Authority Management	8	50%	38%	0%	0%	13%
Regional Health Authority Staff	9	44%	33%	0%	0%	22%
Seniors Organization	6	17%	50%	17%	0%	17%
Average	101	27%	32%	6%	0%	36%
Average (respondents only)	65	42%	49%	9%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	10%	40%	10%	0%	40%
Lodge Foundation	12	33%	25%	0%	0%	42%
Other	30	7%	30%	13%	0%	50%
Professional Association	6	0%	67%	0%	0%	33%
Public/consumer of the health system	9	11%	44%	22%	0%	22%
Regional Health Authority Management	8	50%	38%	0%	0%	13%
Regional Health Authority Staff	9	33%	44%	0%	0%	22%
Seniors Organization	6	0%	50%	17%	0%	33%
Average	101	18%	36%	8%	0%	39%
Average (respondents only)	62	29%	58%	13%	0%	0%

Recommendation 14: Ensure a broad range of continuing care services across the province

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The Committee recommends that:

- Regional health authorities should be expected to provide a broad range of continuing care services in a number of settings and delivered by a wide range of health care providers.
- Regional health authorities should provide a leadership role in coordinating, referring clients and providing linkages to services in the community.

Of those responding to the questions:

100% agreed; 91% very important/important; 87% very urgent/urgent

While this recommendation was strongly supported, some respondents expressed concern about the feasibility and affordability implied by the recommendation. Particular concern was raised by and for rural areas where providing a broad range of services may be not be possible due to funding constraints, low demands/needs due to a small population base, large travelling distances, and difficulty in recruiting and retaining professional staff, especially rehabilitation therapists. Providing a limited range of services supplemented by a transportation system to access specialized services in other communities (maybe another RHA) was viewed as more practical and affordable by some respondents. Reliance on private enterprise was viewed as another option, provided contracting stipulations and other accountability mechanisms were in place.

Accessibility to services and consistency between regions was reinforced. Public information on the availability of and accessibility to services was noted as a major need.

Recommendation 15—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	40%	30%	30%
Lodge Foundation	12	58%	8%	33%
Other	30	40%	7%	53%
Professional Association	6	67%	0%	33%
Public/consumer of the health system	9	78%	11%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	67%	17%	17%
Average	101	57%	8%	35%
Average (respondents only)	66	88%	12%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	0%	40%	10%	10%	40%
Lodge Foundation	12	42%	8%	8%	0%	42%
Other	30	17%	20%	3%	0%	60%
Professional Association	6	17%	50%	0%	0%	33%
Public/consumer of the health system	9	22%	33%	11%	0%	33%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	33%	56%	0%	0%	11%
Seniors Organization	6	33%	17%	17%	17%	17%
Average	101	26%	26%	6%	2%	41%
Average (respondents only)	60	43%	43%	10%	3%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	0%	40%	10%	10%	40%
Lodge Foundation	12	42%	8%	8%	0%	42%
Other	30	10%	27%	3%	0%	60%
Professional Association	6	17%	50%	0%	0%	33%
Public/consumer of the health system	9	22%	22%	11%	0%	44%
Regional Health Authority Management	8	50%	38%	0%	0%	13%
Regional Health Authority Staff	9	33%	44%	11%	0%	11%
Seniors Organization	6	50%	0%	17%	17%	17%
Average	101	23%	27%	7%	2%	42%
Average (respondents only)	59	39%	46%	12%	3%	0%

Recommendation 15: Implement a new information, assessment and referral process

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The Committee recommends that:

- A new model for an information, assessment and referral process should be adopted and used by regional health authorities across the province.

Of those responding to the questions:

88% agreed; 86% very important/important; 85% very urgent/urgent

The development of a process for information, assessment and referral was supported and viewed as being consistent with earlier recommendations. A standardized approach was viewed as assuring equality, objectivity, and consistency across the regions, provided that sufficient resources, expertise and input were available to develop a province-wide process that could also meet unique regional characteristics (demographics, geography, urban/rural considerations). Some regional processes, including CARES and single point of entry systems, are already in place and felt to be working well. Building on existing structures was promoted. Linkages to the assessment tool and the development of a provincial information system were viewed as essential.

Recommendation 16—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	17%	17%	67%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	58%	0%	42%
Other	30	53%	0%	47%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	67%	1%	32%
Average (respondents only)	69	99%	1%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	0%	10%	0%	40%
Lodge Foundation	12	42%	17%	0%	0%	42%
Other	30	23%	27%	3%	0%	47%
Professional Association	6	50%	33%	0%	0%	17%
Public/consumer of the health system	9	56%	33%	0%	0%	11%
Regional Health Authority Management	8	88%	0%	0%	0%	13%
Regional Health Authority Staff	9	67%	11%	11%	0%	11%
Seniors Organization	6	67%	0%	17%	0%	17%
Average	101	47%	16%	4%	0%	34%
Average (respondents only)	67	70%	24%	6%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	10%	10%	0%	30%
Lodge Foundation	12	33%	25%	0%	0%	42%
Other	30	27%	23%	3%	0%	47%
Professional Association	6	50%	33%	0%	0%	17%
Public/consumer of the health system	9	56%	33%	0%	0%	11%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	44%	33%	11%	0%	11%
Seniors Organization	6	50%	33%	0%	0%	17%
Average	101	43%	22%	3%	0%	33%
Average (respondents only)	68	63%	32%	4%	0%	0%

Recommendation 16: Expand home care and community services

The Committee recommends that:

- Expanded home care services should be available across the province to support people and enable them to remain independent and in their own homes as long as possible.
- Community and home care should be provided through a range of service delivery options including direct service delivery, self managed care and guardian managed care. The amount of service provided in each of these categories should depend on the assessed needs of the individual and should ensure reasonable access to services that can be provided in the region.
- There should continue to be limits on the maximum amount of home care services provided, however, the current limit of $3,000 per month should be reviewed in light of current costs.
- Current exemptions to the limits on home care services should be expanded to include not only palliative care patients but other groups as well, including children with complex needs.
- The self managed care option should allow individuals, under their discretion, to designate responsibility for the financial management of self managed care.
- To the extent possible, there should be continuity of care if people move from one region to another.

Of those responding to the questions:

99% agreed; 94% very important/important; 95% very urgent/urgent

Expansion of home care and community services was strongly supported, including expansion of services into lodges. Consistency in the development and application of service and funding limits across regions was reinforced. Regions are expected to adhere to provincial policies in this area and not arbitrarily reduce funding limits. Points reinforced were:

- Home care and community services need to be expanded and integrated with other community services such as day programs.
- Review of monthly funding limits was supported, with an increase in the maximum allowable. Flexibility in service volumes was noted as a requirement when caring for those with fragile and complex service needs such as children or those who are palliative. Some sentiments were expressed against applying service/funding levels, noting that service levels and subsequent costs should be based on the professional assessment of client needs and those of the informal caregivers.
- Guidelines for assessing and administering self-managed care are required. Qualified staff need to be available to those who choose self-managed options. As well, these persons need to be responsible in managing their own financial affairs.

Recommendation 17—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	58%	0%	42%
Other	30	57%	0%	43%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	69%	0%	31%
Average (respondents only)	70	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	40%	30%	0%	0%	30%
Lodge Foundation	12	58%	0%	0%	0%	42%
Other	30	40%	13%	3%	0%	43%
Professional Association	6	50%	17%	0%	0%	33%
Public/consumer of the health system	9	33%	56%	0%	0%	11%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	56%	22%	11%	0%	11%
Seniors Organization	6	50%	33%	0%	0%	17%
Average	101	47%	18%	3%	0%	33%
Average (respondents only)	68	69%	26%	4%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	30%	30%	10%	0%	30%
Lodge Foundation	12	58%	0%	0%	0%	42%
Other	30	33%	17%	7%	0%	43%
Professional Association	6	50%	17%	0%	0%	33%
Public/consumer of the health system	9	33%	44%	11%	0%	11%
Regional Health Authority Management	8	63%	13%	13%	0%	13%
Regional Health Authority Staff	9	44%	33%	11%	0%	11%
Seniors Organization	6	50%	33%	0%	0%	17%
Average	101	42%	19%	7%	0%	33%
Average (respondents only)	68	62%	28%	10%	0%	0%

Recommendation 17: Expand the supportive housing stream

The Committee recommends that:

- Supportive living arrangements, with appropriate and flexible home care services, should be expanded across the province to provide greater flexibility, meet the needs of an aging population and curtail the need for additional spaces in long term care centres.

The Committee recommends that:

- A Health and Housing Partnership Committee should be established and should take the lead in:
  - Assessing needs and providing overall direction.
  - Developing and evaluating a variety of models for providing supportive living.
  - Setting policies and standards for both the quality of care provided and the construction of appropriate supportive housing units.
  - Clarifying the role and accountability of regional health authorities, other government departments, and the private and voluntary sectors in supportive housing.
- Appropriate subsidies and income support programs should be in place to ensure that low income seniors are able to access supportive housing units. Alberta Health and Wellness should work with other government departments to ensure that appropriate subsidies are in place and that existing supply of subsidized housing is utilized effectively.
- Appropriate information about the types of supportive housing needed to allow people to "age in place" should be communicated to the private and voluntary sectors. Alberta Health and Wellness should work with other government departments and health authorities to ensure that this information is readily available.
- In smaller communities and areas where there are not enough people or sufficient demand to attract private sector developers for building supportive housing, enhanced lodges and apartments should be considered as well as other special arrangements. Alberta Health and Wellness should work with other government departments, health authorities and the private and voluntary sectors to develop the most effective arrangements.

Of those responding to the questions:

100% agreed; 95% very important/important; 90% very urgent/urgent

Strong support was given for the expansion of supportive housing and for the creation of a Health and Housing Partnership Committee to guide the expansion initiative. Specific points were reinforced:

- High needs exist for affordable and accessible housing, especially for low income seniors and seniors living in rural and small communities. Incentives to the private and voluntary sectors are necessary to encourage housing development in smaller communities. As well, current income support programs and subsidies need to be enhanced as programs are currently limited by the government's budget provision.

- The Health and Housing Partnership Committee is an important initiative that needs to include key stakeholder groups, including the Alberta Senior Citizen's Housing Association and representatives from the private and voluntary housing sectors. As the name reflects, the committee should be co-chaired by the respective government departments. Some respondents felt that regional health and housing partnership committees were preferable to a provincial committee in order to address specific regional concerns, especially in rural areas. Deliberation was stressed in several areas: the use of terminology such as affordability; respective roles and responsibilities of stakeholders; development of minimum/provincial standards; design and features of supportive housing; availability of other community supports (physician clinics, social supports, meal programs, drop-in centres, grocery stores, etc.).

- Concern was expressed about the implicit reliance on the private sector to construct the required supportive living facilities with little incentive or mandate. Development and growth of supportive housing needs to be proactively planned, encouraged and managed by government with appropriate incentives and guidelines.

Recommendation 18—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	53%	0%	47%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	75%	13%	13%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	66%	1%	33%
Average (respondents only)	68	99%	1%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	10%	0%	0%	40%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	40%	13%	0%	0%	47%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	56%	33%	0%	0%	11%
Regional Health Authority Management	8	50%	13%	13%	0%	25%
Regional Health Authority Staff	9	56%	22%	0%	0%	22%
Seniors Organization	6	33%	33%	0%	0%	33%
Average	101	47%	17%	1%	0%	36%
Average (respondents only)	65	72%	26%	2%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	0%	20%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	10%	30%	20%	0%	40%
Lodge Foundation	12	0%	67%	0%	0%	33%
Other	30	33%	13%	7%	0%	47%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	44%	22%	11%	0%	22%
Regional Health Authority Management	8	25%	38%	13%	0%	25%
Regional Health Authority Staff	9	44%	11%	22%	0%	22%
Seniors Organization	6	17%	33%	17%	0%	33%
Average	101	30%	24%	10%	0%	37%
Average (respondents only)	64	47%	38%	16%	0%	0%

Recommendation 18: Revitalize long term care centres

The Committee recommends that:

- A new generation of innovative long term care centres should be developed. This would include upgrading and improving the physical condition of some current nursing homes and auxiliary hospitals to enhance the quality of life for long term care residents, respond to the increasing complex health care needs of their residents, and implement new models of care.
- Alberta Health and Wellness, in partnership with other government departments, should take the lead in developing and implementing a five year plan to upgrade and revitalize long term care centres. The plan should reflect the target scenarios recommended by the Committee for the year 2016.
- All three and four bed wards in long term care centres should be phased out as soon as possible as part of the five year plan. Residents should have access to single rooms and rooms that are appropriate for couples.
- Strategies should be in place to assist long term care centres in meeting the increasingly complex health needs of their residents. Those strategies should include ways of ensuring there is an adequate supply of staff, upgrading training and human resources, and enhancing the services available.
- Long term care centres should be considered as sites for facility-based long term care, palliative care, sub-acute care, respite care, care for people with Alzheimer's disease, wellness and community care centres, and other innovative service options. In view of this expanded role, the name "long term care centres" should be changed to "continuing care centres".

Of those responding to the questions:

99% agreed; 98% very important/important; 85% very urgent/urgent

Strong support was shown for revitalizing long term care centres. Many respondents noted deteriorating conditions and dysfunctional facilities unable to properly accommodate those with complex needs and high dependencies requiring use of specialized equipment or special environmental designs. Specific points reinforced were:

- Facility designs need to accommodate high needs and complex conditions of residents while providing quality living environments (attention to space, privacy, choice, independence). Flexibility to accommodate roommates and spouses was also mentioned. While the trend leans towards single rooms, several noted that some older persons may wish to have a roommate to reduce loneliness. Couples also need to be accommodated where desired. Design flexibility is required to address changing needs and preferences of residents.
- Capital and operating costs need to be recognized with incentives and means to recover costs, especially increased resident fees where private or semi-private rooms are provided. Recognition of higher costs to operate facilities with single rooms is also needed to ensure that adequate funding is available. Funding is also needed to upgrade technology in facilities.
- An adequate supply of well qualified staff was stressed given the increasing complexity of resident needs.

Recommendation 19—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	0%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	66%	0%	34%
Average (respondents only)	67	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	40%	30%	0%	0%	30%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	37%	7%	3%	0%	53%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	56%	33%	0%	0%	11%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	67%	22%	0%	0%	11%
Seniors Organization	6	67%	17%	0%	0%	17%
Average	101	49%	17%	1%	0%	34%
Average (respondents only)	67	73%	25%	1%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	30%	0%	0%	30%
Lodge Foundation	12	33%	33%	0%	0%	33%
Other	30	33%	10%	3%	0%	53%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	44%	33%	11%	0%	11%
Regional Health Authority Management	8	50%	38%	0%	0%	13%
Regional Health Authority Staff	9	56%	33%	0%	0%	11%
Seniors Organization	6	67%	17%	0%	0%	17%
Average	101	43%	22%	2%	0%	34%
Average (respondents only)	67	64%	33%	3%	0%	0%

Recommendation 19: Develop a province-wide plan for addressing needs of people with Alzheimer's disease and other dementias

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The Committee recommends that:

- A multi-faceted province-wide plan should be developed to address the future needs for care and support for people with Alzheimer's disease and other dementias. The plan should include the following component.
  - Education about Alzheimer's disease and other dementias for the public and caregivers.
  - Enhancement of the diagnosis, assessment and care planning skills of physicians, nurses, and other health care professionals in treating people with these diseases.
  - Education and training for front line workers, in particular those who work in continuing care centres and in community care programs.
  - Support for care givers.
  - Development of models for delivering services in the community.
  - Development of new residential supportive housing and facility-based models for residents with Alzheimer's disease and other dementias.
  - A substantial increase in the number of special care (secure) units for individuals with dementia and severe behavioural problems.
- Alberta Health and Wellness should take the lead in developing the plan in partnership with health authorities, health care providers, Alberta Learning, the Alberta Mental Health Board, the Alzheimer's Association of Alberta, and other voluntary agencies and support groups.

Of those responding to the questions:

100% agreed; 98% very important/important; 97% very urgent/urgent

A provincial plan for addressing those with Alzheimer's disease was strongly supported. Many noted the increasing number of residents with some form of dementia and the subsequent increase in care and supervision requirements. Standardized education and training of informal caregivers and staff at all levels, including nursing attendants and personal care aides, was reiterated.

Care and support for individuals in the early stages of Alzheimer's disease and their families to enable them to remain living in the community was also reinforced as a need. With proper supports and strong respite/day programs, persons in the early to mid stages of the disease can often be managed at home. Strategies are needed to accommodate individuals in the early stages in lodges. Staff to resident ratios need to be addressed to deal effectively with specific behavioural problems and to carry out behavioural management programs.

Facilities need to address the development of progressively secure areas to accommodate those with major behaviour problems. Security and safety need to be addressed in all three streams.

Recommendation 20—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	50%	3%	47%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	75%	0%	25%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	65%	1%	34%
Average (respondents only)	67	99%	1%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	10%	40%	10%	0%	40%
Lodge Foundation	12	33%	33%	0%	0%	33%
Other	30	17%	20%	10%	0%	53%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	33%	56%	0%	0%	11%
Regional Health Authority Management	8	38%	38%	0%	0%	25%
Regional Health Authority Staff	9	33%	44%	0%	0%	22%
Seniors Organization	6	33%	33%	0%	0%	33%
Average	101	30%	29%	4%	0%	38%
Average (respondents only)	63	48%	46%	6%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	0%	40%	20%	0%	40%
Lodge Foundation	12	0%	50%	17%	0%	33%
Other	30	13%	23%	10%	0%	53%
Professional Association	6	33%	33%	17%	0%	17%
Public/consumer of the health system	9	22%	44%	11%	0%	22%
Regional Health Authority Management	8	0%	50%	25%	0%	25%
Regional Health Authority Staff	9	33%	22%	22%	0%	22%
Seniors Organization	6	17%	50%	0%	0%	33%
Average	101	16%	33%	13%	0%	39%
Average (respondents only)	62	26%	53%	21%	0%	0%

Recommendation 20: Address the continuing care needs of people with disabilities

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The Committee recommends that:

- For disabled people living in continuing care centres, the centres should provide programs and facilities that reflect their needs. Programs should be individualized, flexible and sensitive to the social and physical needs of the age groups receiving care in their facilities.
- Regional health authorities should take the lead in encouraging the private and voluntary sectors to provide a variety of housing options for the young disabled in their community.
- Regional health authorities, wherever possible, should locate community-based health services and programs in close proximity to other agencies and services that are generally used by disabled people.

Of those responding to the questions:

99% agreed; 94% very important/important; 79% very urgent/urgent

The principle of responding appropriately to the specific needs of a population was reinforced which includes those with disabilities. While the recommendation was supported, concern was expressed about the constraints in rural and smaller communities to accommodate special housing and service needs. Some respondents observed that those with disabilities often migrate to larger centres where a full range of services is readily available.

The role of regional health authorities in taking a lead to stimulate private and voluntary housing development was challenged by some as being outside the mandate of RHAs. RHAs could be partners like other service providers, especially those in the housing industry.

Strong support was given for providing sufficient supports to enable persons with disabilities to remain living in the community where they can readily access services. A variety of housing options, including adapted duplexes, and their proximity to other community amenities like shopping and recreational facilities and transportation, were stressed. Such environments and supportive living arrangements provide a sense of autonomy and control.

Recommendation 21—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	0%	40%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	0%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	64%	0%	36%
Average (respondents only)	65	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	10%	0%	0%	40%
Lodge Foundation	12	33%	33%	0%	0%	33%
Other	30	20%	23%	3%	0%	53%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	56%	33%	0%	0%	11%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	33%	44%	0%	0%	22%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	41%	22%	1%	0%	37%
Average (respondents only)	64	64%	34%	2%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	10%	10%	0%	40%
Lodge Foundation	12	25%	42%	0%	0%	33%
Other	30	23%	17%	7%	0%	53%
Professional Association	6	50%	17%	17%	0%	17%
Public/consumer of the health system	9	44%	44%	0%	0%	11%
Regional Health Authority Management	8	38%	50%	0%	0%	13%
Regional Health Authority Staff	9	33%	33%	11%	0%	22%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	34%	25%	5%	0%	37%
Average (respondents only)	64	53%	39%	8%	0%	0%

Recommendation 21: Expand community-based mental health services for older people

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The Committee recommends that:

- There should be expanded programs available in communities to meet the needs of older people living with mental illnesses. The Alberta Mental Health Board should work collaboratively with regional health authorities to ensure that the necessary programs and services are in place and accessible, including providing access to psychogeriatric specialists, inpatient assessment, outpatient and crisis intervention programs.

- Health professionals and continuing care staff should have increased access to education and training to assist them in providing care for older people living with mental illnesses.

Of those responding to the questions:

100% agreed; 98% very important/important; 92% very urgent/urgent

Strong support was given for expanding community-based mental health services, not only for the elderly but for all those with mental illnesses. The delivery of quality, timely and accessible mental health services, including service to prevent mental illness, was viewed as a system-wide issue. Specific points reinforced were:

- Mental health is viewed as an increasing concern as people age. Specific supports need to be addressed such as day programs, psychiatric day centres, crisis centres and special supportive living services. Specific initiatives such as assertive community outreach for early identification, intervention and follow-up on hospital discharge have been found to be effective. Linkages with senior health lines and access to 24 hour crisis intervention services were viewed as essential. Some models such as the CHOICE Mental Health Program may be appropriate on a province-wide basis.

- Education and training for informal caregivers and staff at all levels is required. More social workers and psychogeriatricians were identified.

- Telepsychiatry may be a service option for addressing mental health needs in isolated and smaller communities.

Recommendation 22—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	58%	8%	33%
Other	30	47%	3%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	67%	11%	22%
Seniors Organization	6	67%	17%	17%
Average	101	62%	4%	34%
Average (respondents only)	67	94%	6%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	20%	30%	20%	0%	30%
Lodge Foundation	12	8%	8%	33%	17%	33%
Other	30	10%	17%	17%	3%	53%
Professional Association	6	33%	17%	33%	0%	17%
Public/consumer of the health system	9	11%	56%	22%	0%	11%
Regional Health Authority Management	8	25%	38%	25%	0%	13%
Regional Health Authority Staff	9	22%	44%	0%	11%	22%
Seniors Organization	6	0%	50%	0%	17%	33%
Average	101	15%	28%	17%	5%	36%
Average (respondents only)	65	23%	43%	26%	8%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	0%	40%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	0%	10%	40%	10%	40%
Lodge Foundation	12	8%	0%	33%	25%	33%
Other	30	7%	17%	20%	3%	53%
Professional Association	6	33%	17%	0%	33%	17%
Public/consumer of the health system	9	22%	22%	33%	11%	11%
Regional Health Authority Management	8	13%	25%	50%	0%	13%
Regional Health Authority Staff	9	22%	33%	11%	11%	22%
Seniors Organization	6	0%	33%	17%	17%	33%
Average	101	12%	16%	26%	10%	37%
Average (respondents only)	64	19%	25%	41%	16%	0%

Recommendation 22: Respond to cultural and ethnic diversity of people in continuing care

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The Committee recommends that:

- Regional health authorities should ensure, wherever possible, that continuing care programs and services are sensitive to cultural diversities (e.g., customs, religious beliefs, languages and food).
- Inservice programs, events, workshops and other educational opportunities should be available for continuing care staff to enhance their knowledge and understanding of different cultures.

Of those responding to the questions:

99% agreed; 66% very important/important; 44% very urgent/urgent

While recognizing and respecting cultural and ethnic diversity is considered an important principle underlying quality care, fewer respondents placed high importance or urgency on this recommendation. As much as possible organizations try to address cultural diversity but many noted that small numbers make it difficult to accommodate special dietary and other ethnic preferences cost effectively.

Several respondents commented on special services and arrangements to address Aboriginal needs with special foods and ceremonies. Native/Aboriginal Liaison personnel are employed and special multicultural committees are operating.

Staff education and training regarding cultural preferences, customs and needs were stressed with the family having a significant role in supporting that education. Other respondents commented on the need for translators or hiring staff with second languages to communicate appropriately with clients whether in a facility or home setting. Other resources such as multicultural organizations and the Internet were also mentioned.

Recommendation 23—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	17%	17%	67%
Health Authority Board	10	50%	30%	20%
Lodge Foundation	12	8%	25%	67%
Other	30	23%	13%	63%
Professional Association	6	17%	17%	67%
Public/consumer of the health system	9	56%	22%	22%
Regional Health Authority Management	8	63%	25%	13%
Regional Health Authority Staff	9	67%	22%	11%
Seniors Organization	6	67%	17%	17%
Average	101	38%	19%	44%
Average (respondents only)	57	67%	33%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	20%	30%	0%	10%	40%
Lodge Foundation	12	25%	8%	0%	0%	67%
Other	30	20%	13%	3%	3%	60%
Professional Association	6	17%	17%	0%	0%	67%
Public/consumer of the health system	9	33%	33%	0%	0%	33%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	22%	44%	0%	0%	33%
Seniors Organization	6	0%	33%	33%	0%	33%
Average	101	26%	21%	3%	2%	49%
Average (respondents only)	52	50%	40%	6%	4%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	0%	20%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	20%	20%	10%	10%	40%
Lodge Foundation	12	25%	8%	0%	0%	67%
Other	30	17%	17%	3%	3%	60%
Professional Association	6	0%	33%	0%	0%	67%
Public/consumer of the health system	9	22%	33%	0%	0%	44%
Regional Health Authority Management	8	50%	25%	13%	0%	13%
Regional Health Authority Staff	9	11%	56%	0%	0%	33%
Seniors Organization	6	0%	33%	33%	0%	33%
Average	101	20%	23%	6%	2%	50%
Average (respondents only)	51	39%	45%	12%	4%	0%

Recommendation 23: Adopt a conceptual framework on responsibility for costs

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The Committee recommends that:

- The conceptual framework should be adopted as the basis for decisions about responsibility for the costs of different types of continuing care.

Of those responding to the questions:

67% agreed; 90% very important/important; 84% very urgent/urgent

The conceptual framework regarding assignment of costs within continuing care received mixed reactions, with only 67% of all respondents agreeing with the framework. Several respondents indicated that they did not understand the determination nor rationale for assigning specific responsibilities for specific costs and felt that they needed more detail before they could fully respond. As well they did not understand some of the terminology. For example, what was meant by government (which level of government?), home care (was this the same as the home living stream?), accommodation (were the costs of food and cleaning supplies included?), activities of daily living (what would be included?), professional care (what would be included?), homemaking services (what would be included?) and what was meant by an individual paying 100% in a long term care facility. Major points raised were:

- The financial burden and possible denial of service options for low income seniors were viewed as drawbacks unless specific income support or subsidy programs could provide the level of assistance needed. Some respondents believed that government should pay a bigger share of the costs.

- Higher construction and operating costs in northern and rural areas were raised as a concern in creating higher per person costs. Government was viewed as needing to pay a higher proportion of the housing component. For publicly-owned facilities, some respondents also felt government should pay a higher proportion but would not pay for privately-owned facilities.

- The division of costs within long term are facilities was viewed as difficult. Some confusion about differentiating costs between residents with differing needs was also evident.

- Individual responsibility for 100% of the accommodation costs in a facility was challenged given the lack of choice with respect to meals and other services.

- The sharing of personal care costs was also challenged by some who felt that personal care was just as important as professional services and, consequently, that government should pay for 100% of the costs. The principle of cost equity regardless of living arrangement was reinforced—"what is provided free in LTC, should be provided free at home as well".

- Others reinforced the need to educate Albertans about their emerging responsibilities, stating that Albertans need to have a sound understanding of government versus individual accountability for health services and planning.

Recommendation 24—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	17%	17%	67%
Health Authority Board	10	70%	10%	20%
Lodge Foundation	12	50%	17%	33%
Other	30	47%	0%	53%
Professional Association	6	33%	17%	50%
Public/consumer of the health system	9	67%	11%	22%
Regional Health Authority Management	8	75%	0%	25%
Regional Health Authority Staff	9	56%	11%	33%
Seniors Organization	6	67%	0%	33%
Average	101	53%	7%	40%
Average (respondents only)	61	89%	11%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	10%	20%	0%	30%
Lodge Foundation	12	50%	0%	0%	0%	50%
Other	30	13%	27%	7%	0%	53%
Professional Association	6	0%	17%	17%	0%	67%
Public/consumer of the health system	9	11%	67%	0%	0%	22%
Regional Health Authority Management	8	50%	25%	0%	0%	25%
Regional Health Authority Staff	9	22%	22%	11%	0%	44%
Seniors Organization	6	0%	50%	17%	0%	33%
Average	101	25%	24%	7%	0%	45%
Average (respondents only)	56	45%	43%	13%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	0%	40%	20%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	20%	30%	20%	0%	30%
Lodge Foundation	12	50%	0%	0%	0%	50%
Other	30	17%	23%	7%	0%	53%
Professional Association	6	0%	17%	17%	0%	67%
Public/consumer of the health system	9	22%	44%	0%	0%	33%
Regional Health Authority Management	8	50%	25%	0%	0%	25%
Regional Health Authority Staff	9	11%	33%	11%	0%	44%
Seniors Organization	6	0%	33%	33%	0%	33%
Average	101	21%	24%	10%	0%	46%
Average (respondents only)	55	38%	44%	18%	0%	0%

Recommendation 24: Increase charges in continuing care centres

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Options for charge in continuing care centres:

Option 1—Maintain the status quo.

Option 2—Increase charges within the range of a minimum and a maximum threshold amount. Ensure that subsidies are in place for those who cannot afford the higher fee levels.

Option 3—Set charges at a level that covers the full operating and capital housing costs of the facility.

The Committee recommends that:

- Option 2 should be adopted as the best approach for adjusting cost recovery charges for continuing care centres on an ongoing basis.

Of those responding to the questions:

89% agreed; 88% very important/important; 82% very urgent/urgent

Most respondents agreed with this recommendation although concerns were reiterated about providing for low income seniors. Modest increases to reflect the cost of living were viewed as appropriate. However, such increases need to be coordinated with the Alberta Seniors Benefit (ASB) Program for low income seniors to ensure equity among ASB recipients in different kinds of accommodation.

Any increases in charges in continuing care centres will result in direct increases in Alberta Human Resources and Education's (AHRE) income support costs for those receiving SFI and AISH benefits. These increases also need to be taken into consideration.

In general, respondents felt people needed to have a better understanding of the costs in continuing care centres. Some respondents suggested that the costs should not exceed Old Age Security benefits. Others queried if differential costs should be assessed for basic and advanced levels of care and need.

Recommendation 25—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	40%	20%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	50%	20%	30%
Lodge Foundation	12	50%	17%	33%
Other	30	33%	10%	57%
Professional Association	6	67%	17%	17%
Public/consumer of the health system	9	56%	0%	44%
Regional Health Authority Management	8	50%	38%	13%
Regional Health Authority Staff	9	67%	22%	11%
Seniors Organization	6	50%	17%	33%
Average	101	47%	15%	39%
Average (respondents only)	62	76%	24%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	20%	20%	0%	0%	60%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	10%	10%	10%	40%
Lodge Foundation	12	50%	0%	0%	0%	50%
Other	30	23%	10%	0%	3%	63%
Professional Association	6	0%	50%	17%	0%	33%
Public/consumer of the health system	9	22%	33%	0%	0%	44%
Regional Health Authority Management	8	25%	25%	0%	0%	50%
Regional Health Authority Staff	9	11%	33%	11%	11%	33%
Seniors Organization	6	0%	17%	33%	17%	33%
Average	101	24%	17%	5%	4%	50%
Average (respondents only)	50	48%	34%	10%	8%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	0%	40%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	30%	10%	10%	10%	40%
Lodge Foundation	12	50%	0%	0%	0%	50%
Other	30	17%	17%	0%	3%	63%
Professional Association	6	0%	50%	17%	0%	33%
Public/consumer of the health system	9	33%	22%	0%	0%	44%
Regional Health Authority Management	8	13%	38%	0%	0%	50%
Regional Health Authority Staff	9	11%	22%	22%	11%	33%
Seniors Organization	6	0%	17%	0%	50%	33%
Average	101	21%	17%	7%	6%	50%
Average (respondents only)	51	41%	33%	14%	12%	0%

Recommendation 25: Target additional revenues from increased charges to improving services and upgrading facilities

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The Committee recommends that:

- Additional revenues raised from increasing charges for residents of continuing centres should be used in two ways:
  - Improving services in continuing care centres - A portion of the increased charges should be used to provide enhanced programs and services, and to meet the increasingly complex needs of people in continuing care centres.
  - Establishing a capital pool to be used in each region to renovate and build new continuing care centres - The remaining portion should be used to upgrade facilities.

Of those responding to the questions:

76% agreed; 82% very important/important; 74% very urgent/urgent

While this recommendation received support some questioned whether additional revenues from increased charges would be available given the lack of increases for several years. If additional revenues did result, most favoured using the revenues to enhance services and programs, including improved staffing.

Some questioned whether any additional revenues would be sufficient to establish a capital pool to renovate and upgrade facilities and whether this was an appropriate use of funds derived from resident fees.

Keeping the additional revenues within the RHA was viewed as necessary to make the practice more acceptable. Providing clear accountability measures to account for the use of the funds by operators and RHAs was recommended.

Alternative wording for additional revenue was viewed as more palatable. Suggestions were "percentage of the residents' fees be put into education, programs and capital", or "to help defray the costs of improving services and upgrading facilities".

Recommendation 26—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	17%	17%	67%
Health Authority Board	10	70%	10%	20%
Lodge Foundation	12	50%	17%	33%
Other	30	43%	3%	53%
Professional Association	6	17%	17%	67%
Public/consumer of the health system	9	33%	22%	44%
Regional Health Authority Management	8	50%	38%	13%
Regional Health Authority Staff	9	22%	44%	33%
Seniors Organization	6	83%	0%	17%
Average	101	45%	15%	41%
Average (respondents only)	60	75%	25%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	30%	10%	0%	30%
Lodge Foundation	12	50%	0%	0%	0%	50%
Other	30	20%	17%	7%	3%	53%
Professional Association	6	0%	17%	17%	0%	67%
Public/consumer of the health system	9	11%	33%	0%	0%	56%
Regional Health Authority Management	8	50%	25%	0%	0%	25%
Regional Health Authority Staff	9	11%	11%	11%	0%	67%
Seniors Organization	6	0%	50%	17%	0%	33%
Average	101	24%	20%	6%	1%	50%
Average (respondents only)	51	47%	39%	12%	2%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	20%	20%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	20%	40%	10%	0%	30%
Lodge Foundation	12	50%	0%	0%	0%	50%
Other	30	20%	10%	13%	3%	53%
Professional Association	6	0%	17%	17%	0%	67%
Public/consumer of the health system	9	11%	33%	0%	0%	56%
Regional Health Authority Management	8	25%	38%	0%	0%	38%
Regional Health Authority Staff	9	11%	11%	11%	0%	67%
Seniors Organization	6	0%	50%	17%	0%	33%
Average	101	20%	19%	10%	1%	50%
Average (respondents only)	50	40%	38%	20%	2%	0%

Recommendation 26: Increase home care charges for daily living services

Options for home care charges:

Option 1—Status quo. Under the status quo option, people would continue to receive home care services based on their assessed needs. A maximum cap of $300 per month would remain in place and people would be expected to pay an average of $5 per hour for homemaking services.

Option 2—Base charges on the average cost of the service, but put in place a minimum and maximum cap based on a person's income. Under this option, people would be charged the full amount per hour, but a minimum and maximum cap would be set. The caps would be based on the person's income and subsidies would be in place for those who need them.

Option 3—Set the charges at half the average cost and also put a minimum and maximum cap in place based on income. This option is similar to option 2 except that the costs to the individual would be lower because the charges are set at half of the actual costs.

Option 4—Set the charges to cover the full costs and do not put any caps in place. This option would mean that an individual is paying the full cost of home care services aside from the health care services covered by the provincial government.

The Committee recommends that:

- Option 2 should be adopted. Charges for the assistance to daily living component of home care services should be based on the average cost, with minimum and maximum caps in place based on income.

Of those responding to the questions:

75% agreed; 86% very important/important; 78% very urgent/urgent

Three quarters of the respondents supported the recommendation, noting the principle that those who can afford to pay more should do so. However, others felt that such charges created a disincentive for living in the community and viewed the recommendation as contrary to the future direction. The implications for other government income support and subsidy programs were also reinforced with this recommendation, noting that any adjustments in client charges needed to be done in collaboration with Alberta Community Development regarding the ASB and with Alberta Human Resources and Employment regarding a potential increase in caseload and the income support costs for those on AISH and SFI. Specific points reinforced were:

- What services would be included in "daily living" and were those services needed as a result of a health condition? Concern was expressed about the possible inclusion of personal care and the disincentive this would create for living in the community. Specific standards regarding the type and quality of services to be provided were viewed as necessary. The standards need to be applied consistently across all living streams, promoting fairness and equity and avoiding disincentives to receiving appropriate levels of care.

- Income testing raised issues about how income would be determined and whether net worth should be considered. Some respondents felt that income testing was potentially penalizing to those who had "saved" all their lives compared to those who had "squandered" their money and, hence, would be paying less for services. Administrative processes to conduct income testing need to be streamlined to minimize costs.

- A perspective was given that home care should focus on the delivery of health services and refer to other providers to carry out the homemaking services. Other organizations who are in this type of business may be able to conduct the service more efficiently with less cost to the client.

Recommendation 27—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	10%	20%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	0%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	78%	0%	22%
Regional Health Authority Management	8	50%	38%	13%
Regional Health Authority Staff	9	67%	11%	22%
Seniors Organization	6	83%	0%	17%
Average	101	60%	[illegible]%	35%
Average (respondents only)	66	92%	8%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	0%	40%	20%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	30%	10%	0%	30%
Lodge Foundation	12	0%	67%	0%	0%	33%
Other	30	20%	20%	3%	0%	57%
Professional Association	6	33%	50%	0%	0%	17%
Public/consumer of the health system	9	22%	56%	0%	0%	22%
Regional Health Authority Management	8	13%	38%	13%	0%	38%
Regional Health Authority Staff	9	22%	33%	11%	0%	33%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	21%	34%	5%	0%	41%
Average (respondents only)	60	35%	57%	8%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	20%	20%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	30%	10%	0%	30%
Lodge Foundation	12	0%	67%	0%	0%	33%
Other	30	30%	13%	0%	0%	57%
Professional Association	6	33%	50%	0%	0%	17%
Public/consumer of the health system	9	22%	44%	0%	0%	33%
Regional Health Authority Management	8	0%	38%	25%	0%	38%
Regional Health Authority Staff	9	33%	22%	11%	0%	33%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	25%	29%	5%	0%	42%
Average (respondents only)	59	42%	49%	8%	0%	0%

Recommendation 27: Provide exemptions for sub-acute care

The Committee recommends that:

- Sub-acute care cases in continuing care centres should be exempted from payment of accommodation and housing charges.
- Sub-acute home care patients should also be exempted from payment of charges. This means the short term home care caseload for people with sub-acute needs in the current home care program would be exempted from fees.

Of those responding to the questions:

92% agreed; 92% very important/important; 91% very urgent/urgent

While support was expressed for this recommendation in freeing up expensive acute care beds, many respondents raised questions about the definition of sub-acute care, the criteria that would apply, who would make the determination when sub-acute ended, etc. Specific concerns were:

- The definition of and criteria for sub-acute care, particularly applying a timeframe, need to be standardized and consistently applied across all living streams. How would sub-acute care be differentiated from short term care?
- The movement of clients between sub-acute care and long term care phases complicates the determination of charges and the payment process. What if a client is in a sub-acute phase but is normally a long term care client, whether on home care or in a long term care facility? Would this person be paying charges, then have them lifted upon entering sub-acute care, then be paying charges when sub-acute care ended? A perspective was given that clients receiving the same level of benefits regardless of the place of care should be charged the same, regardless of their phase of care.

Recommendation 28—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	40%	0%	60%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	20%	20%
Lodge Foundation	12	50%	17%	33%
Other	30	30%	7%	63%
Professional Association	6	50%	33%	17%
Public/consumer of the health system	9	56%	11%	33%
Regional Health Authority Management	8	38%	38%	25%
Regional Health Authority Staff	9	67%	11%	22%
Seniors Organization	6	67%	0%	33%
Average	101	46%	13%	42%
Average (respondents only)	59	78%	22%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	0%	0%	0%	60%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	20%	30%	10%	0%	40%
Lodge Foundation	12	0%	50%	0%	0%	50%
Other	30	27%	3%	0%	0%	70%
Professional Association	6	17%	33%	0%	0%	50%
Public/consumer of the health system	9	22%	33%	0%	0%	44%
Regional Health Authority Management	8	0%	38%	0%	0%	63%
Regional Health Authority Staff	9	44%	11%	0%	0%	44%
Seniors Organization	6	33%	0%	33%	0%	33%
Average	101	23%	19%	3%	0%	55%
Average (respondents only)	45	51%	42%	7%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	20%	0%	0%	60%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	20%	20%	20%	0%	40%
Lodge Foundation	12	0%	50%	0%	0%	50%
Other	30	27%	3%	0%	0%	70%
Professional Association	6	17%	33%	0%	0%	50%
Public/consumer of the health system	9	33%	11%	11%	0%	44%
Regional Health Authority Management	8	0%	38%	0%	0%	63%
Regional Health Authority Staff	9	44%	11%	0%	0%	44%
Seniors Organization	6	17%	17%	33%	0%	33%
Average	101	22%	18%	5%	0%	55%
Average (respondents only)	45	49%	40%	11%	0%	0%

Recommendation 28: Provide exemptions for palliative care

The Committee recommends that:

- In continuing care centres, palliative care cases that are sub-acute in nature, should be exempted from charges. Longer term palliative care cases should pay the full accommodation and housing charges.
- For home care, sub-acute palliative care cases should also be exempted from charges if they meet the criteria. This would likely include most of the palliative care cases in the current home care program.

Of those responding to the questions:

78% agreed; 93% very important/important; 89% very urgent/urgent

Support was shown for this recommendation given the principle that those in acute care centres do not have to pay for accommodation and capital charges. However, implementation of the recommendation was challenged, similarly to that for sub-acute care. The administration of such a policy was being viewed as cumbersome.

Specifically, respondents commented on the difficulty in defining palliative care which is compounded when considering whether the palliative situation is sub-acute or long term. A clear definition and criteria would be needed and applied consistently in all settings across all regions. Some suggested that such implementation might be impossible given the nature of palliative care and how conditions can fluctuate. A certain degree of professional judgment is called for and this may vary across regions depending on the level of experience and expertise in managing palliative care.

Where charges are waived, increased funding from government may be necessary, especially in palliative care, where the costs of care are often higher.

Recommendation 29—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	17%	0%	83%
Health Authority Board	10	70%	10%	20%
Lodge Foundation	12	58%	8%	33%
Other	30	43%	10%	47%
Professional Association	6	33%	50%	17%
Public/consumer of the health system	9	56%	22%	22%
Regional Health Authority Management	8	38%	38%	25%
Regional Health Authority Staff	9	56%	33%	11%
Seniors Organization	6	67%	0%	33%
Average	101	50%	16%	35%
Average (respondents only)	66	76%	24%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	0%	0%	83%
Health Authority Board	10	20%	40%	10%	0%	30%
Lodge Foundation	12	0%	42%	17%	0%	42%
Other	30	13%	20%	7%	0%	60%
Professional Association	6	0%	17%	17%	0%	67%
Public/consumer of the health system	9	11%	33%	11%	0%	44%
Regional Health Authority Management	8	25%	38%	0%	0%	38%
Regional Health Authority Staff	9	22%	33%	0%	0%	44%
Seniors Organization	6	33%	33%	0%	0%	33%
Average	101	16%	28%	7%	0%	50%
Average (respondents only)	51	31%	55%	14%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	0%	60%	0%	0%	40%
Government Department	6	17%	0%	0%	0%	83%
Health Authority Board	10	20%	30%	20%	0%	30%
Lodge Foundation	12	0%	8%	50%	0%	42%
Other	30	13%	20%	3%	3%	60%
Professional Association	6	0%	17%	17%	0%	67%
Public/consumer of the health system	9	11%	22%	22%	0%	44%
Regional Health Authority Management	8	0%	63%	0%	0%	38%
Regional Health Authority Staff	9	11%	33%	11%	0%	44%
Seniors Organization	6	17%	50%	0%	0%	33%
Average	101	10%	27%	13%	1%	50%
Average (respondents only)	51	20%	53%	25%	2%	0%

Recommendation 29: Provide some exemptions for respite care

The Committee recommends that:

- People using respite care in continuing care centres should pay the part of accommodation charges that relates to the services they receive but should be exempt from charges relating to the housing costs of the facility.
- In home care, people should be expected to pay the charges. These people likely would be classified as long term home care patients.

Of those responding to the questions:

76% agreed; 86% very important/important; 73% very urgent/urgent

Support was given for this recommendation agreeing in principle to the payment of costs related to accommodation. It was further suggested by some that charges should be based on income with minimum and maximum caps. However, some confusion was expressed by some respondents, especially with regard to the second part of the recommendation. Again, the principle of standards for applying fees consistently across all living streams was reinforced. Differentiating between accommodation and housing costs was also questioned.

Concern was expressed about potential disincentives to informal caregivers if respite charges are applied. Respite is regarded as essential for informal caregivers to sustain people in their homes and an area that needs to be strengthened. Some suggested that respite should be a publicly funded service with specific time limitations, given its impact in delaying admissions to continuing care facilities or preventing inappropriate admissions to acute care. If caregivers wished respite beyond a basic level, then they would be expected to pay a charge.

Recommendation 30—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	10%	30%
Lodge Foundation	12	50%	17%	33%
Other	30	43%	3%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	56%	22%	22%
Regional Health Authority Management	8	75%	13%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	67%	0%	33%
Average	101	57%	7%	36%
Average (respondents only)	65	89%	11%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	20%	10%	0%	40%
Lodge Foundation	12	50%	0%	0%	0%	50%
Other	30	27%	13%	3%	0%	57%
Professional Association	6	17%	67%	0%	0%	17%
Public/consumer of the health system	9	33%	22%	0%	0%	44%
Regional Health Authority Management	8	38%	25%	13%	0%	25%
Regional Health Authority Staff	9	44%	22%	22%	0%	11%
Seniors Organization	6	17%	17%	17%	17%	33%
Average	101	34%	17%	6%	1%	43%
Average (respondents only)	58	59%	29%	10%	2%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	20%	10%	0%	40%
Lodge Foundation	12	50%	0%	0%	0%	50%
Other	30	23%	13%	3%	0%	60%
Professional Association	6	17%	33%	33%	0%	17%
Public/consumer of the health system	9	11%	22%	22%	0%	44%
Regional Health Authority Management	8	13%	38%	25%	0%	25%
Regional Health Authority Staff	9	22%	22%	33%	11%	11%
Seniors Organization	6	0%	33%	17%	17%	33%
Average	101	25%	18%	12%	2%	44%
Average (respondents only)	57	44%	32%	21%	4%	0%

Recommendation 30: Phase in any changes to cost recovery charges and subsidies

The Committee recommends that:

- Changes to cost recovery charges and subsidies should be phased in over a reasonable period of time.

Of those responding to the questions:

89% agreed; 88% very important/important; 76% very urgent/urgent

Support for phasing-in charges was given although some questioned what a "reasonable period of time" meant, while others suggested that the changes should be made now. Most supported a phased-in approach to prepare the system for implementation and the payment of fees for services that are highly subsidized now. With provincial surpluses currently the norm, others expressed concern about the perception of adding and/or increasing charges.

The point was reinforced that the conceptual and operational framework for applying charges across the continuing care system be developed carefully with stakeholder input, and in concert with other government income support and subsidy programs. Perceptions about disincentives and downloading of costs to the client/family need to be addressed, especially in the community care system. The "stacking" or accumulation of charges may create substantial burdens to individuals or other government programs providing income support and subsidy programs. The implications of charges on the whole continuing care system and other government programs need to be addressed provincially to ensure that barriers are not being created to the proposed direction for continuing care.

Recommendation 31—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	58%	8%	33%
Other	30	50%	0%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	67%	0%	33%
Average	101	66%	1%	33%
Average (respondents only)	68	99%	1%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	10%	10%	0%	30%
Lodge Foundation	12	50%	8%	0%	0%	42%
Other	30	37%	13%	0%	0%	50%
Professional Association	6	50%	17%	0%	0%	33%
Public/consumer of the health system	9	56%	33%	0%	0%	11%
Regional Health Authority Management	8	88%	0%	0%	0%	13%
Regional Health Authority Staff	9	78%	0%	11%	0%	11%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	51%	11%	2%	0%	36%
Average (respondents only)	65	80%	17%	3%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	10%	20%	0%	20%
Lodge Foundation	12	0%	8%	50%	0%	42%
Other	30	37%	3%	10%	0%	50%
Professional Association	6	50%	0%	17%	0%	33%
Public/consumer of the health system	9	56%	33%	0%	0%	11%
Regional Health Authority Management	8	88%	0%	0%	0%	13%
Regional Health Authority Staff	9	56%	22%	11%	0%	11%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	43%	10%	13%	0%	35%
Average (respondents only)	66	65%	15%	20%	0%	0%

Recommendation 31: Introduce a new Continuing Care Act

The Committee recommends that:

- A new Act - called the Continuing Care Act - should be developed to cover the key aspects of legislation and regulations related to continuing care.
- The Act should cover a range of issues but specifically, it should:
  - Clarify the roles and responsibilities of Alberta Health and Wellness, other government departments, the Alberta Mental Health Board, the Alberta Cancer Board, regional health authorities and other agencies in providing continuing care services.
  - Establish policies and standards for quality of care and services to be provided.
  - Establish provincial policy on coordinated access to continuing care.
  - Establish who is eligible for different types of continuing care services.
  - Establish a mechanism for monitoring the quality of care provided in the home living stream, the supportive living stream, and the facility stream. This should include responsibility for regular reporting.
  - Clarify the responsibility for monitoring and ensuring the quality of care provided.
  - Establish mechanisms for individuals and their families to lodge complaints and ensure that there is appropriate follow up.
- For facilities that do not receive public funding, legislation should clarify how to set standards and monitor the quality of care provided.
- Current legislation related to housing should be reviewed to ensure that there are consistent standards, particularly for new supportive living developments, and that effective monitoring mechanisms are in place.

Of those responding to the questions:

99% agreed; 97% very important/important; 80% very urgent/urgent

Strong support was given for the introduction of a new Continuing Care Act to replace all existing legislation. Specific support was identified for the development and monitoring of service delivery and care standards to ensure consistency across all sectors in continuing care and across all regions, including application to private facilities. Development of this legislation requires extensive stakeholder collaboration.

Additional areas to be addressed in legislation were also identified: funding and funding methodologies, staffing guidelines (staff mix and staff to client or bed ratios), relationship between employers and employees (ensure a consistent labour relations environment across the industry), multidisciplinary mechanisms to address ethical issues.

Some disagreement was voiced to the inclusion of housing in the Act, given existing legislation and operating standards in this area. Further, Alberta Health and Wellness was viewed as having no jurisdiction over housing.

Recommendation 32—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	33%	0%	67%
Other	30	50%	0%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	78%	0%	22%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	63%	0%	37%
Average (respondents only)	64	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	60%	0%	10%	0%	30%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	43%	7%	0%	0%	50%
Professional Association	6	67%	0%	0%	0%	33%
Public/consumer of the health system	9	67%	11%	0%	0%	22%
Regional Health Authority Management	8	88%	0%	0%	0%	13%
Regional Health Authority Staff	9	78%	11%	0%	0%	11%
Seniors Organization	6	33%	17%	17%	0%	33%
Average	101	55%	7%	2%	0%	36%
Average (respondents only)	65	86%	11%	3%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	60%	0%	10%	0%	30%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	43%	7%	0%	0%	50%
Professional Association	6	67%	0%	0%	0%	33%
Public/consumer of the health system	9	67%	0%	11%	0%	22%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	78%	11%	0%	0%	11%
Seniors Organization	6	33%	17%	17%	0%	33%
Average	101	54%	7%	3%	0%	36%
Average (respondents only)	65	85%	11%	5%	0%	0%

Recommendation 32: Increase funding to reflect the impact of an aging population

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The Committee recommends that:

- The amount of funding provided to regional health authorities should be increased and adjusted each year to reflect changes in demographics due to an aging population, inflationary trends, and trends in increasing acuity of people receiving continuing care.

Of those responding to the questions:

100% agreed; 97% very important/important; 96% very urgent/urgent

All respondents supported this recommendation with many identifying an urgency for funding adjustments to be made as soon as possible. Several considerations for funding adjustments were made: allowances for remote, northern and rural communities with large distances and small populations and subsequent higher operating costs; increased funds for health promotion and injury prevention programs in addition to services that respond to client treatment needs; migratory flows between regions; and increased labour costs. As well, the current classification system for long term care facilities was viewed as ineffective in responding to complex resident needs. Support was given for introducing the new classification system that is currently under consideration.

Recommendation 33—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	17%	42%	42%
Other	30	40%	3%	57%
Professional Association	6	67%	0%	33%
Public/consumer of the health system	9	78%	0%	22%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	55%	6%	39%
Average (respondents only)	62	90%	10%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	20%	0%	0%	40%
Lodge Foundation	12	0%	17%	0%	0%	83%
Other	30	27%	17%	0%	0%	57%
Professional Association	6	50%	0%	0%	0%	50%
Public/consumer of the health system	9	44%	22%	22%	0%	11%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	67%	0%	11%	0%	22%
Seniors Organization	6	17%	50%	0%	0%	33%
Average	101	37%	15%	3%	0%	46%
Average (respondents only)	55	67%	27%	5%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	20%	0%	0%	40%
Lodge Foundation	12	0%	17%	0%	0%	83%
Other	30	23%	20%	0%	0%	57%
Professional Association	6	50%	0%	0%	0%	50%
Public/consumer of the health system	9	44%	11%	33%	0%	11%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	56%	11%	11%	0%	22%
Seniors Organization	6	17%	50%	0%	0%	33%
Average	101	33%	18%	4%	0%	46%
Average (respondents only)	55	60%	33%	7%	0%	0%

Recommendation 33: Maintain population-based funding, set outcome measures, and consider geriatric assessment as a province-wide service

The Committee recommends that:

- Continuing care should be funded as part of the population-based funding pool for regional health authorities. However, the formula should be reviewed and adjusted to ensure that there are adequate funds available to meet ongoing pressures for continuing care services.
- Outcome measures for continuing care should be developed by Alberta Health and Wellness. Regional health authorities should be required to report regularly on those measures and on the amount of money spent on continuing care services.
- Consideration should be given to designating services such as geriatric assessment as province-wide services.

Of those responding to the questions:

90% agreed; 94% very important/important; 93% very urgent/urgent

Support was received for this recommendation, although some challenged whether the current population-based formula was adequately addressing regional disparities in geographical distances, population/senior densities, longevity rates (influenced by health status) and the concentration of acuity cases (i.e., complex cases largely being managed in urban settings).

The development of outcome measures, in collaboration with all stakeholders, was supported. Other considerations for outcome measures were: quality of life indicators and other measures that target socio-economic indicators, health and overall wellbeing. The development of minimum data sets and the standard collection of data was also reinforced in order to conduct meaningful benchmarking within and across regions.

Designating geriatric assessments as a province-wide service was welcomed, although some expressed concern about this service receiving priority over others. Enhancing the education of all front-line workers, including family physicians, was viewed as a priority, strengthening their ability to deal with basic geriatric care, thus referring only the most complex cases for a specialized provincial service.

Recommendation 34—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	20%	20%
Lodge Foundation	12	17%	50%	33%
Other	30	47%	3%	50%
Professional Association	6	33%	17%	50%
Public/consumer of the health system	9	67%	11%	22%
Regional Health Authority Management	8	75%	13%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	53%	12%	35%
Average (respondents only)	66	82%	18%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	10%	40%	10%	0%	40%
Lodge Foundation	12	8%	8%	0%	0%	83%
Other	30	40%	7%	0%	3%	50%
Professional Association	6	33%	0%	0%	17%	50%
Public/consumer of the health system	9	56%	11%	11%	0%	22%
Regional Health Authority Management	8	88%	0%	0%	0%	13%
Regional Health Authority Staff	9	67%	22%	0%	0%	11%
Seniors Organization	6	33%	33%	0%	0%	33%
Average	101	40%	13%	2%	2%	44%
Average (respondents only)	57	70%	23%	4%	4%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	10%	30%	10%	0%	50%
Lodge Foundation	12	33%	8%	0%	0%	58%
Other	30	33%	13%	0%	3%	50%
Professional Association	6	33%	0%	0%	17%	50%
Public/consumer of the health system	9	44%	22%	11%	0%	22%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	67%	22%	0%	0%	11%
Seniors Organization	6	17%	50%	0%	0%	33%
Average	101	38%	17%	2%	2%	42%
Average (respondents only)	59	64%	29%	3%	3%	0%

Recommendation 34: Fund continuing care facilities consistently across the province

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The Committee recommends that:

- Once appropriate standards have been established, operators of continuing care facilities should be treated in a consistent manner across the province in terms of the funding they receive from regional health authorities.

Of those responding to the questions:

82% agreed; 93% very important/important; 93% very urgent/urgent

While support was received for this recommendation, several respondents commented on the variations in operating practices and costs within and across regions and that these factors affect the funding requirements. Operating costs are affected by geography, population density, facility structures and sizes, resident acuity, program and service mix, staffing mix and subsequent compensation. These factors need to be considered by each RHA. The impact of standards on these variables was unclear. Principles underlying fairness and equity were supported.

Recommendation 35—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	17%	0%	83%
Health Authority Board	10	40%	20%	40%
Lodge Foundation	12	58%	8%	33%
Other	30	33%	13%	53%
Professional Association	6	33%	33%	33%
Public/consumer of the health system	9	56%	22%	22%
Regional Health Authority Management	8	63%	13%	25%
Regional Health Authority Staff	9	67%	11%	22%
Seniors Organization	6	67%	17%	17%
Average	101	47%	14%	40%
Average (respondents only)	61	77%	23%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	0%	0%	83%
Health Authority Board	10	0%	30%	10%	10%	50%
Lodge Foundation	12	42%	17%	0%	0%	42%
Other	30	27%	7%	7%	0%	60%
Professional Association	6	0%	33%	0%	17%	50%
Public/consumer of the health system	9	33%	22%	0%	0%	44%
Regional Health Authority Management	8	38%	13%	13%	0%	38%
Regional Health Authority Staff	9	56%	11%	0%	0%	33%
Seniors Organization	6	0%	67%	0%	0%	33%
Average	101	27%	18%	4%	2%	50%
Average (respondents only)	51	53%	35%	8%	4%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	0%	20%	0%	40%
Government Department	6	0%	0%	17%	0%	83%
Health Authority Board	10	0%	30%	10%	10%	50%
Lodge Foundation	12	42%	17%	0%	0%	42%
Other	30	23%	7%	7%	3%	60%
Professional Association	6	0%	33%	0%	17%	50%
Public/consumer of the health system	9	22%	33%	0%	0%	44%
Regional Health Authority Management	8	25%	25%	13%	0%	38%
Regional Health Authority Staff	9	56%	11%	0%	0%	33%
Seniors Organization	6	0%	50%	17%	0%	33%
Average	101	23%	18%	7%	3%	50%
Average (respondents only)	51	45%	35%	14%	6%	0%

Recommendation 35: Provide capital support

The Committee recommends that:

- Support for capital funding for the housing component for continuing care facilities should be a shared responsibility among the individual (through rental payments), the operator, and the provincial government.
- Support for capital equipment should continue to be the responsibility of the continuing care facility operator.
- Capital for housing costs for palliative care and respite care spaces should be fully funded by the provincial government.

Of those responding to the questions:

77% agreed; 88% very important/important; 80% very urgent/urgent

While most supported this recommendation, some concerns were expressed about the funding requirements for equipment. Several respondents noted the increasing pressure for current and more complex equipment to assure resident and staff safety given the increasing acuity needs of residents. As such, they felt that the costs should be fully funded or shared with government, providing for a consistent and safe standard of equipment across all regions. Others suggested that local fundraising of up to 25% of the capital costs could also be considered.

The application of this recommendation to private facilities was queried. Others also reinforced that the recommendation should include supportive housing.

Recommendation 36—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	50%	10%	40%
Lodge Foundation	12	67%	0%	33%
Other	30	43%	3%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	67%	0%	33%
Regional Health Authority Management	8	75%	13%	13%
Regional Health Authority Staff	9	67%	0%	33%
Seniors Organization	6	83%	0%	17%
Average	101	58%	3%	39%
Average (respondents only)	62	95%	5%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	20%	0%	0%	50%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	40%	3%	0%	0%	57%
Professional Association	6	83%	0%	0%	0%	17%
Public/consumer of the health system	9	56%	11%	0%	0%	33%
Regional Health Authority Management	8	63%	13%	0%	0%	25%
Regional Health Authority Staff	9	67%	0%	0%	0%	33%
Seniors Organization	6	67%	0%	0%	0%	33%
Average	101	50%	8%	0%	0%	43%
Average (respondents only)	58	86%	14%	0%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	0%	20%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	20%	30%	0%	0%	50%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	37%	7%	0%	0%	57%
Professional Association	6	83%	0%	0%	0%	17%
Public/consumer of the health system	9	44%	22%	0%	0%	33%
Regional Health Authority Management	8	63%	13%	0%	0%	25%
Regional Health Authority Staff	9	67%	0%	0%	0%	33%
Seniors Organization	6	67%	0%	0%	0%	33%
Average	101	47%	10%	1%	0%	43%
Average (respondents only)	58	81%	17%	2%	0%	0%

Recommendation 36: Phase in new programs to support short term acute care drugs used at home

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The Committee recommends that:

- Short term acute care drugs should be available at home and used to facilitate early discharge from hospital and to prevent hospitalization.
- Considering the costs of implementing this program, support for short term acute care drugs should be phased in with the first priority being parenteral anti-infectives since this is the greatest need. Other medications should be added as funding permits.
- Infusion supplies should be included as a program benefit and provided to patients with their medications. Infusion pumps should be provided to patients on a loaned basis.
- Plans for the new program should proceed with implementation targeted for April 1, 2000.

Of those responding to the questions:

95% agreed; 100% very important/important; 98% very urgent/urgent

Strong support was given for this recommendation recognizing that the cost of drugs has been a barrier for discharging and subsequently admitting people to home care. The principle that the place of care should not adversely impact on the cost of care to the client was reinforced. Some caution was given about discouraging an unnecessary proliferation of drugs which could be monitored through pharmacy information systems that are being piloted throughout the province.

Recommendation 37—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	10%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	0%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	78%	0%	22%
Regional Health Authority Management	8	75%	13%	13%
Regional Health Authority Staff	9	67%	0%	33%
Seniors Organization	6	83%	0%	17%
Average	101	61%	2%	37%
Average (respondents only)	64	97%	3%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	20%	0%	0%	40%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	40%	3%	3%	0%	53%
Professional Association	6	83%	0%	0%	0%	17%
Public/consumer of the health system	9	56%	22%	0%	0%	22%
Regional Health Authority Management	8	63%	13%	13%	0%	13%
Regional Health Authority Staff	9	67%	0%	0%	0%	33%
Seniors Organization	6	67%	0%	0%	0%	33%
Average	101	51%	8%	2%	0%	39%
Average (respondents only)	62	84%	13%	3%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	40%	20%	0%	0%	40%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	37%	10%	0%	0%	53%
Professional Association	6	83%	0%	0%	0%	17%
Public/consumer of the health system	9	33%	33%	0%	0%	33%
Regional Health Authority Management	8	50%	25%	13%	0%	13%
Regional Health Authority Staff	9	67%	0%	0%	0%	33%
Seniors Organization	6	67%	0%	0%	0%	33%
Average	101	47%	13%	1%	0%	40%
Average (respondents only)	61	77%	21%	2%	0%	0%

Recommendation 37: Address the high cost of drugs provided in continuing care centres

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The Committee recommends that:

- Additional funds should be provided to address shortfalls in funds available for high cost drugs in continuing care centres and to address issues related to utilization of new drugs, reporting and information needs, and a peer review process.

- Individuals who are assessed and require admission to continuing care centres should not be refused admission because of the cost of the medications they require.

- The distribution of funding for high cost drugs should be equitable and consistent for all continuing care centre operators across the province.

Of those responding to the questions:

97% agreed; 97% very important/important; 98% very urgent/urgent

Support was shown for this recommendation recognizing the principle that specific medication regimes should not restrict one's access to continuing care facilities, and further that facilities should not be able to discriminate on the basis of drug costs. Psychotrophic drugs were noted to be high cost but very effective.

Caution was suggested concerning drug prescribing practices, noting that physician education is important in ensuring that residents are receiving an appropriate level of medication. The importance of compliance with drug formularies and peer review processes was reinforced.

Recommendation 38—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	58%	8%	33%
Other	30	47%	0%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	78%	0%	22%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	63%	1%	36%
Average (respondents only)	65	98%	2%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	40%	20%	0%	0%	40%
Lodge Foundation	12	50%	8%	0%	0%	42%
Other	30	33%	3%	10%	0%	53%
Professional Association	6	67%	0%	17%	0%	17%
Public/consumer of the health system	9	56%	22%	0%	0%	22%
Regional Health Authority Management	8	50%	25%	13%	0%	13%
Regional Health Authority Staff	9	56%	22%	0%	0%	22%
Seniors Organization	6	67%	0%	0%	0%	33%
Average	101	46%	11%	5%	0%	39%
Average (respondents only)	62	74%	18%	8%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	40%	20%	0%	0%	40%
Lodge Foundation	12	50%	8%	0%	0%	42%
Other	30	30%	7%	10%	0%	53%
Professional Association	6	50%	17%	17%	0%	17%
Public/consumer of the health system	9	44%	33%	0%	0%	22%
Regional Health Authority Management	8	50%	25%	13%	0%	13%
Regional Health Authority Staff	9	44%	33%	0%	0%	22%
Seniors Organization	6	67%	0%	0%	0%	33%
Average	101	42%	15%	5%	0%	39%
Average (respondents only)	62	68%	24%	8%	0%	0%

Recommendation 38: Take steps to address appropriate use of medications by older people

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The Committee recommends that:

- A conference should be held in Alberta to initiate activities and begin developing solutions to ensure appropriate drug use by older people.
- Following the conference, specific strategies should be implemented to address drug use by seniors. Those strategies should include effective ways for physicians, pharmacists, nurses and health care providers to work together to regularly review and monitor prescriptions provided to individual seniors.

Of those responding to the questions:

98% agreed; 92% very important/important; 92% very urgent/urgent

Support for addressing issues related to appropriate use of medications by older people was strong. However, a number of respondents questioned if a conference was necessary or the most effective way to address the issues. Other suggestions were:

- Improved, consistent and ongoing education of physicians, pharmacists and nurses for both over-the-counter and prescription drugs to improve prescribing and medication administration practices is necessary.
- Improved education of seniors, in a language that they can understand, is required. Education needs to address over-the-counter medications, including use of herbal products, vitamins and mineral supplements. Dietitians also have a role in this education.
- Improved drug monitoring systems such as the Seniors Drug Profile and the pharmacy information systems, drug utilization reviews and public information campaigns were reinforced. Improved clinical pharmacy services in continuing care centres was also stressed.
- Review of reimbursement systems for physicians and prescription fees for pharmacists also needs to be addressed.

Recommendation 39—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	50%	0%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	56%	11%	33%
Seniors Organization	6	83%	0%	17%
Average	101	64%	1%	35%
Average (respondents only)	66	98%	2%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	20%	40%	0%	0%	40%
Lodge Foundation	12	0%	67%	0%	0%	33%
Other	30	40%	7%	3%	0%	50%
Professional Association	6	83%	0%	0%	0%	17%
Public/consumer of the health system	9	56%	22%	11%	0%	11%
Regional Health Authority Management	8	63%	0%	13%	0%	25%
Regional Health Authority Staff	9	44%	11%	0%	0%	44%
Seniors Organization	6	67%	0%	0%	0%	33%
Average	101	42%	17%	3%	0%	39%
Average (respondents only)	62	68%	27%	5%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	20%	40%	0%	0%	40%
Lodge Foundation	12	0%	25%	33%	0%	42%
Other	30	33%	13%	3%	0%	50%
Professional Association	6	83%	0%	0%	0%	17%
Public/consumer of the health system	9	67%	11%	11%	0%	11%
Regional Health Authority Management	8	50%	25%	0%	0%	25%
Regional Health Authority Staff	9	44%	11%	0%	0%	44%
Seniors Organization	6	67%	0%	0%	0%	33%
Average	101	40%	15%	6%	0%	40%
Average (respondents only)	61	66%	25%	10%	0%	0%

Recommendation 39: Provide support for equipment and supplies

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The Committee recommends that:

- Individuals who receive care in the community for an acute care episode should have access to the equipment and supplies that are necessary for their treatment and recovery.
- For necessary equipment - people discharged from an acute care hospital should be provided with the equipment they need to complete their recovery from an illness or injury.
- For medical and surgical supplies - people discharges from an acute care hospital should be provided with adequate and appropriate medical and surgical supplies to enable them to remain in their home. These supplies should be provided for as long as they are assessed as needed.

Of those responding to the questions:

98% agreed; 95% very important/important; 91% very urgent/urgent

Strong support was also given for this recommendation reinforcing the principle that coverage of such costs should be consistent across health sectors and not be a deterrent to early and appropriate hospital discharges. Some RHAs have made provisions for equipment through recycling and loaner pools but practices are inconsistent across the province.

Particular note was made of the need to fund specialty equipment (e.g., specialized chairs, floatation mattresses), including the use of specialized rehabilitation therapists who need to educate and monitor use of such equipment.

Queries were raised about applicability of the recommendation to those in continuing care centres and to those with chronic health conditions.

Recommendation 40—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	50%	0%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	66%	0%	34%
Average (respondents only)	67	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	10%	0%	0%	40%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	37%	3%	7%	0%	53%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	56%	22%	11%	0%	11%
Regional Health Authority Management	8	50%	38%	0%	0%	13%
Regional Health Authority Staff	9	44%	33%	0%	0%	22%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	47%	14%	3%	0%	37%
Average (respondents only)	64	73%	22%	5%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	10%	0%	0%	40%
Lodge Foundation	12	50%	8%	8%	0%	33%
Other	30	33%	7%	7%	0%	53%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	33%	44%	11%	0%	11%
Regional Health Authority Management	8	50%	13%	25%	0%	13%
Regional Health Authority Staff	9	44%	22%	11%	0%	22%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	44%	13%	7%	0%	37%
Average (respondents only)	64	69%	20%	11%	0%	0%

Recommendation 40: Expand education and training for professionals and non-professionals

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The Committee recommends that:

- All health care workers—professionals and non-professionals and non-professionals—should have the appropriate skills and knowledge to respond to the needs of an aging population. To achieve that objective, the following steps should be taken:
  - Courses and programs in geriatrics should be expanded to include more courses in geriatrics at the graduate and undergraduate level.
  - Geriatric training should be included as part of the mandatory curriculum for health professionals.
  - Alberta Health and Wellness, in cooperation with other departments, should provide stand alone, Ministry-based funded positions for training in geriatric medicine to be shared equally between the province's medical schools.
  - Ongoing training and inservice should be provided through lectures, workshops, seminars, on-site training courses and certificate programs.
  - Affordable home study courses should be available for support staff in facilities and community care.
- The number of nurse specialists in geriatrics should be increased. Current barriers to expanding the supply of nurse specialists in geriatrics should be identified and removed.
- Regional health authorities should have sufficient funds available to allow them to support the costs of ongoing education and training opportunities in seniors' health and geriatric medicine.

Of those responding to the questions:

100% agreed; 95% very important/important; 89% very urgent/urgent

Strong support was given for this recommendation recognizing current deficits in the continuing care and educational systems and the increasing demands for knowledgeable practitioners in this area. Specific points were reinforced:

- A wide range of educational approaches are required, including home study and Internet/distance education programs. These programs need to meet high quality standards.
- Current funding levels for staff development are inadequate in all continuing care sectors. Funding needs to be increased if more staff are to participate in training and inservice programs. Funding is needed to reimburse for the costs of the educational programs and to replace staff on educational leaves (whether a day/s or a week). Bursaries, government grants, and budget increases are required. In addition, financial incentives recognizing additional education, need to be provided.

- Educational needs of some of the frontline staff such as nursing attendants and aides, extend beyond training in geriatrics. Many also require English courses to be able to communicate effectively with older persons who are already compromised in their communication skills. Special training programs need to be targeted for these workers as home/self study courses are often ineffective given the language deficits.

- Specialized training for nurse practitioners and geriatricians was supported. RHA incentives or funding for advanced positions (specified by RHA, similar to the SEARCH program) were suggested.

- The use of volunteers for basic staffing functions was raised as a concern with respect to care standards and access.

Recommendation 41—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	58%	8%	33%
Other	30	43%	0%	57%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	78%	0%	22%
Seniors Organization	6	83%	0%	17%
Average	101	63%	1%	36%
Average (respondents only)	65	98%	2%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	10%	0%	0%	50%
Lodge Foundation	12	50%	8%	0%	0%	42%
Other	30	37%	3%	3%	0%	57%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	67%	22%	0%	0%	11%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	67%	11%	0%	0%	22%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	50%	9%	1%	0%	40%
Average (respondents only)	61	84%	15%	2%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	0%	10%	0%	50%
Lodge Foundation	12	42%	17%	0%	0%	42%
Other	30	27%	17%	0%	0%	57%
Professional Association	6	67%	0%	17%	0%	17%
Public/consumer of the health system	9	44%	33%	11%	0%	11%
Regional Health Authority Management	8	75%	0%	13%	0%	13%
Regional Health Authority Staff	9	44%	33%	0%	0%	22%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	41%	16%	4%	0%	40%
Average (respondents only)	61	67%	26%	7%	0%	0%

Recommendation 41: Establish basic standards for continuing care staff

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The Committee recommends that:

- Basic standards and competencies should be developed for continuing care non-professional staff who work in public, private or volunteer continuing care agencies, home care or continuing care centres. Once the standards are in place, non-professional staff should be expected to meet those standards within a set amount of time. Alberta Health and Wellness should work with Alberta Learning, health authorities and other key stakeholders to develop appropriate standards and competencies.

Of those responding to the questions:

98% agreed; 99% very important/important; 93% very urgent/urgent

Establishing basic standards for continuing care staff was endorsed. The development of appropriate curricula, accessibility to training, funding to cover costs and the monitoring of the application of standards need to be addressed. Clear job descriptions with appropriate supervision and accountabilities are needed. The implications for staff compensation and the subsequent impact on operating budgets need to be addressed.

Recommendation 42—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	40%	7%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	78%	11%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	67%	11%	22%
Seniors Organization	6	67%	17%	17%
Average	101	60%	5%	35%
Average (respondents only)	66	92%	8%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	30%	10%	20%	0%	40%
Lodge Foundation	12	42%	17%	8%	0%	33%
Other	30	13%	20%	3%	3%	60%
Professional Association	6	0%	67%	17%	0%	17%
Public/consumer of the health system	9	33%	33%	11%	0%	22%
Regional Health Authority Management	8	25%	38%	25%	0%	13%
Regional Health Authority Staff	9	11%	44%	11%	0%	33%
Seniors Organization	6	33%	17%	0%	17%	33%
Average	101	23%	25%	10%	2%	41%
Average (respondents only)	60	38%	42%	17%	3%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	17%	0%	0%	17%	67%
Health Authority Board	10	20%	20%	20%	0%	40%
Lodge Foundation	12	42%	8%	8%	8%	33%
Other	30	10%	17%	7%	7%	60%
Professional Association	6	0%	17%	67%	0%	17%
Public/consumer of the health system	9	11%	22%	44%	0%	22%
Regional Health Authority Management	8	0%	38%	50%	0%	13%
Regional Health Authority Staff	9	0%	44%	22%	0%	33%
Seniors Organization	6	17%	33%	0%	17%	33%
Average	101	14%	22%	19%	5%	41%
Average (respondents only)	60	23%	37%	32%	8%	0%

Recommendation 42: Establish a province-wide program in seniors health and geriatric care

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The Committee recommends that:

- A provincial Network of Excellence in seniors' health and geriatric care should be established to provide leadership and innovation, education and training, and research.

Of those responding to the questions:

92% agreed; 80% very important/important; 60% very urgent/urgent

A provincial Network of Excellence was supported, although some respondents felt that strong educational and training programs were a priority. Specific points reinforced were:

- The Network needs to be relevant, inclusive and accessible to all providers, including frontline workers. Building on and strengthening existing networks such as the Education Resource Centre, was also suggested.

- The Network needs to extend beyond the medical model and address built environment (building standards and design, senior friendly sidewalks and roads), recreational activities, safety and security, enhancement of quality of life, and development of supportive communities.

- The Network could serve as a repository of information dealing with assessment, outcomes and benchmarks.

Recommendation 43—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	43%	3%	53%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	65%	1%	34%
Average (respondents only)	67	99%	1%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	60%	0%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	60%	0%	0%	0%	40%
Lodge Foundation	12	50%	17%	0%	0%	33%
Other	30	43%	0%	0%	0%	57%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	56%	22%	11%	0%	11%
Regional Health Authority Management	8	88%	0%	0%	0%	13%
Regional Health Authority Staff	9	89%	0%	0%	0%	11%
Seniors Organization	6	50%	0%	17%	0%	33%
Average	101	56%	5%	2%	0%	37%
Average (respondents only)	64	89%	8%	3%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	60%	0%	0%	0%	40%
Lodge Foundation	12	50%	8%	8%	0%	33%
Other	30	43%	0%	0%	0%	57%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	56%	22%	11%	0%	11%
Regional Health Authority Management	8	88%	0%	0%	0%	13%
Regional Health Authority Staff	9	89%	0%	0%	0%	11%
Seniors Organization	6	50%	0%	17%	0%	33%
Average	101	55%	5%	3%	0%	37%
Average (respondents only)	64	88%	8%	5%	0%	0%

Recommendation 43: Ensure an adequate supply of health care professionals and other providers to work with an aging population

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The Committee recommends that:

- Steps should be taken to assess, review and forecast the number and types of health professionals required to best meet the needs of an aging population. Strategies also should be developed to retain and ensure that sufficient numbers of geriatricians and registered nurses are available in the province.
- To address shortages of trained staff in continuing care centres and in home care services, strategies should be developed to ensure that there is an adequate supply of trained community care workers.

Of those responding to the questions:

99% agreed; 97% very important/important; 96% very urgent/urgent

Strong support was shown for developing and maintaining the supply of health care professionals to meet the needs of an aging population. The supply, recruitment and retention of health care professionals, including an aging workforce, were viewed as issues affecting all sectors of health care. Shortages in health professionals were noted for RNs, LPNs, trained support workers (PCAs and home support workers), physical therapists, occupational therapists, social workers, dental hygienists and speech language pathologists. Specific issues affect continuing care:

- The image of gerontology and continuing care needs to be strengthened, making it an attractive consideration for students, prospective and current employees. Attitudes and views of continuing care as a "second class" career, only to be entertained when other employment is unavailable, hurt recruitment and retention efforts.
- Working conditions, job security, staffing levels and financial compensation need to be addressed to be competitive and provide parity with comparable jobs in other health sectors.
- Increasing competition from other health sectors, provinces and the US, magnify the dilemma.

Provincial government departments need to conduct personnel planning and forecasting studies in the health industry. This information can be used in discussions with the educational sector and RHAs to facilitate increased enrollment, education and training programs and student practicum placements.

Recommendation 44—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	10%	30%
Lodge Foundation	12	58%	8%	33%
Other	30	47%	7%	47%
Professional Association	6	67%	17%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	75%	0%	25%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	67%	0%	33%
Average	101	61%	5%	34%
Average (respondents only)	67	93%	7%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	20%	30%	0%	10%	40%
Lodge Foundation	12	50%	8%	0%	0%	42%
Other	30	27%	7%	13%	3%	50%
Professional Association	6	33%	0%	17%	0%	50%
Public/consumer of the health system	9	67%	22%	0%	0%	11%
Regional Health Authority Management	8	63%	13%	0%	0%	25%
Regional Health Authority Staff	9	56%	11%	11%	0%	22%
Seniors Organization	6	50%	0%	17%	0%	33%
Average	101	41%	11%	7%	2%	40%
Average (respondents only)	61	67%	18%	11%	3%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	30%	20%	0%	10%	40%
Lodge Foundation	12	50%	0%	8%	0%	42%
Other	30	20%	13%	13%	3%	50%
Professional Association	6	50%	0%	17%	0%	33%
Public/consumer of the health system	9	44%	44%	0%	0%	11%
Regional Health Authority Management	8	50%	25%	0%	0%	25%
Regional Health Authority Staff	9	44%	22%	11%	0%	22%
Seniors Organization	6	50%	0%	17%	0%	33%
Average	101	36%	16%	8%	2%	39%
Average (respondents only)	62	58%	26%	13%	3%	0%

Recommendation 44: Support informal caregivers

The Committee recommends that:

- Health authorities should develop strategies to ensure that informal caregivers are appropriately involved as part of "the team" in assessing and managing an individual's needs and services.

- Alberta Health and Wellness should work with health authorities to explore appropriate strategies for supporting informal caregivers.

- Employers should be encouraged to provide flexible policies that allow staff to act as caregivers for relatives.

Of those responding to the questions:

93% agreed; 85% very important/important; 84% very urgent/urgent

Recognition of the important and valued role played by informal caregivers was reinforced. Strong service coordination models provide for involvement of informal caregivers in assessing and managing client needs and services. Several respondents noted that this is already the norm in their areas.

Strategies to support informal caregivers are critical. Suggestions included:

- Education and training in managing the care requirements, especially for those with Alzheimer's.

- Respite and day support programs with minimal or shared costs.

- Emotional support and counselling through trained teams and support groups.

- Provision of tax credits.

Some mixed reaction was received with regard to flexible employment policies for informal caregivers. Some respondents noted that employees can be under considerable stress that affects their performance and that some provision needs to be made for them. However, the financial implications of providing extended leaves was raised as an issue. Others felt that Labour Standards and Employment Insurance would need to be consulted.

Recommendation 45—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	10%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	53%	0%	47%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	78%	0%	22%
Regional Health Authority Management	8	63%	13%	25%
Regional Health Authority Staff	9	67%	11%	22%
Seniors Organization	6	83%	0%	17%
Average	101	62%	3%	35%
Average (respondents only)	66	95%	5%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	50%	10%	0%	0%	40%
Lodge Foundation	12	58%	8%	0%	0%	33%
Other	30	30%	17%	3%	0%	50%
Professional Association	6	50%	33%	0%	0%	17%
Public/consumer of the health system	9	56%	33%	0%	0%	11%
Regional Health Authority Management	8	63%	0%	0%	0%	38%
Regional Health Authority Staff	9	67%	11%	0%	0%	22%
Seniors Organization	6	50%	0%	17%	0%	33%
Average	101	47%	14%	2%	0%	38%
Average (respondents only)	63	75%	22%	3%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	20%	0%	0%	40%
Lodge Foundation	12	58%	0%	8%	0%	33%
Other	30	27%	17%	7%	0%	50%
Professional Association	6	50%	17%	17%	0%	17%
Public/consumer of the health system	9	22%	67%	0%	0%	11%
Regional Health Authority Management	8	63%	0%	0%	0%	38%
Regional Health Authority Staff	9	67%	11%	0%	0%	22%
Seniors Organization	6	50%	0%	17%	0%	33%
Average	101	42%	16%	5%	0%	38%
Average (respondents only)	63	67%	25%	8%	0%	0%

Recommendation 45: Expand respite care

The Committee recommends that:

- Alberta Health and Wellness, in collaboration with the regional health authorities, should review the number of beds required for respite care in each region. The capital housing costs for respite beds should be fully funded by the province.

Of those responding to the questions:

95% agreed; 97% very important/important; 92% very urgent/urgent

Respite care is regarded as an essential service if more home care with the support of informal caregivers is to be provided. Respondents agreed that more respite beds are needed. Specific suggestions were offered:

- RHAs need to develop plans within a provincial funding and policy framework. The framework could consider types of needs to be addressed, charges and exemptions, capital and operating costs. RHAs could then exercise flexibility in the number of beds offered and other program details.

- More respite beds/services are required for emergency/crisis situations. Several noted that many beds are now on a planned respite basis and are not able to respond to emergency situations.

- Other models of respite need to be considered, including provision in Family Care Homes, lodges or assisted living arrangements.

Recommendation 46—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	60%	0%	40%
Lodge Foundation	12	58%	8%	33%
Other	30	50%	7%	43%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	78%	0%	22%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	67%	11%	22%
Seniors Organization	6	83%	0%	17%
Average	101	62%	4%	34%
Average (respondents only)	67	94%	6%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	20%	40%	0%	0%	40%
Lodge Foundation	12	50%	8%	0%	8%	33%
Other	30	30%	7%	10%	3%	50%
Professional Association	6	33%	33%	17%	0%	17%
Public/consumer of the health system	9	11%	67%	11%	0%	11%
Regional Health Authority Management	8	50%	25%	13%	0%	13%
Regional Health Authority Staff	9	33%	22%	0%	11%	33%
Seniors Organization	6	50%	0%	17%	0%	33%
Average	101	32%	22%	7%	3%	37%
Average (respondents only)	64	50%	34%	11%	5%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	17%	17%	0%	0%	67%
Health Authority Board	10	10%	40%	10%	0%	40%
Lodge Foundation	12	42%	17%	0%	8%	33%
Other	30	23%	10%	13%	3%	50%
Professional Association	6	33%	17%	17%	17%	17%
Public/consumer of the health system	9	11%	44%	22%	0%	22%
Regional Health Authority Management	8	50%	13%	25%	0%	13%
Regional Health Authority Staff	9	22%	11%	22%	11%	33%
Seniors Organization	6	33%	17%	17%	0%	33%
Average	101	26%	20%	13%	4%	38%
Average (respondents only)	63	41%	32%	21%	6%	0%

Recommendation 46: Take steps to explore ethical issues

The Committee recommends that:

- A multidisciplinary provincial forum should be established to:
  - Explore ethical issues specific to seniors' health.
  - Regularly communicate positions and policy advice on ethical decision-making to assist the health system and continuing care providers in making decisions, delivering programs, and to establish appropriate policy.
- Existing resources such as the Provincial Health Ethics Network should be more fully utilized to address ethical issues in continuing care across the province.
- Current payment mechanisms and subsidies should be reviewed to ensure that they reflect the principles of fairness and equity, compassion and respect for the dignity of individuals, and affordability for individuals, government and society.
- Government should continue to provide information and education about personal directives.

Of those responding to the questions:

94% agreed; 84% very important/important; 73% very urgent/urgent

Considerable feedback was given with respect to ethical issues reinforcing its significance. Some criticism was leveled at the wording of the recommendation, viewing it was weak and non-assertive. Some respondents felt that 'take steps to "address" ethical issues' had a stronger intent. Major points reinforced were:

- A comprehensive ethical framework for decision-making needs to be adopted to assist Albertans in addressing ethical issues inherent in the health system.
- A multidisciplinary provincial forum was supported with some respondents suggesting that the role and mandate of the existing Provincial Health Ethics Network be expanded to serve this purpose. The Forum membership needs to be inclusive of disciplines, roles, sectors and levels (i.e., grassroots to department heads), urban and rural areas. The Forum needs to be a formal, clearly accountable and sustainable body with a mandate to provide thoroughly considered information and recommendations to local and regional decision-makers on clinical and administrative ethical issues, standards and policies. The Forum was also viewed as an asset for government in the prospective review of health policies with ethical implications. The Forum would not replace local and regional ethics committees but rather be a resource and support to such groups. Adequate resourcing will be critical to ensure that the Forum can be an effective body.
- Ongoing education of the public, professionals, administrators and all working in the continuing care system, was promoted, not only for personal directives, but for other issues such as guardianship, trusteeship, competency, resource allocation and decision-making on care and treatment options when nearing the end of life. Published information needs to be

more accessible and not cost-prohibitive as is the view with the current booklet on personal care directives. Educational facilities (high school and post-secondary) also have a role in providing courses on ethics.

- An ethical decision-making framework was suggested for discussions about the principles and values underlying current payment mechanisms and subsidies.
- The creation of an Ethical Ombudsman position was suggested to serve as a primary contact and information source when ethical issues or dilemmas arise.

Recommendation 47—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	3%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	67%	11%	22%
Seniors Organization	6	83%	0%	17%
Average	101	64%	2%	34%
Average (respondents only)	67	97%	3%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	20%	40%	0%	0%	40%
Lodge Foundation	12	50%	8%	8%	0%	33%
Other	30	17%	20%	7%	0%	57%
Professional Association	6	0%	83%	0%	0%	17%
Public/consumer of the health system	9	11%	67%	11%	0%	11%
Regional Health Authority Management	8	50%	25%	13%	0%	13%
Regional Health Authority Staff	9	11%	33%	22%	11%	22%
Seniors Organization	6	33%	17%	17%	0%	33%
Average	101	24%	29%	9%	1%	38%
Average (respondents only)	63	38%	46%	14%	2%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	17%	0%	17%	0%	67%
Health Authority Board	10	20%	10%	30%	0%	40%
Lodge Foundation	12	42%	17%	0%	8%	33%
Other	30	13%	10%	20%	0%	57%
Professional Association	6	0%	83%	0%	0%	17%
Public/consumer of the health system	9	11%	22%	44%	0%	22%
Regional Health Authority Management	8	25%	25%	38%	0%	13%
Regional Health Authority Staff	9	0%	22%	33%	22%	22%
Seniors Organization	6	33%	17%	17%	0%	33%
Average	101	18%	20%	21%	3%	39%
Average (respondents only)	62	29%	32%	34%	5%	0%

Recommendation 47: Expand research on aging and continuing care

The Committee recommends that:

- Funds should be available to support ongoing research on aging and continuing care, as well as to develop and implement innovative programs and service delivery models.
- Information about successful new models, alternative service delivery, best practices in other provinces and countries, and research findings should be shared widely across the health system and with the public.
- Within three to five years, the provincial government should undertake a comprehensive review of progress in implementing the recommendations of this Committee and the impact on seniors' health and continuing care services.
- Specific funding should be set aside in Alberta Health and Wellness for this review.

Of those responding to the questions:

97% agreed; 84% very important/important; 61% very urgent/urgent

Most respondents supported research on aging and continuing care, although some felt that other priorities in the system should be met before allocating funds for this purpose. Other specific points raised were:

- Research needs to be extended beyond the medical model to address factors associated with healthy aging and resilience, health and wellness promotion, illness prevention, determinants of health within a broad context of family, community, and society.
- Research needs to build on existing knowledge base and be collaborative with universities, RHAs, other stakeholders and the Alberta Heritage Foundation for Medical Research.
- Targeted funds are supported to ensure that research is carried out. The use of a special fund such as the Innovation Fund was suggested.

Recommendation 48—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	17%	0%	83%
Health Authority Board	10	80%	0%	20%
Lodge Foundation	12	67%	0%	33%
Other	30	47%	3%	50%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	100%	0%	0%
Seniors Organization	6	67%	17%	17%
Average	101	66%	2%	32%
Average (respondents only)	69	97%	3%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	17%	0%	0%	0%	83%
Health Authority Board	10	70%	0%	0%	0%	30%
Lodge Foundation	12	0%	25%	42%	0%	33%
Other	30	27%	17%	0%	3%	53%
Professional Association	6	50%	17%	0%	0%	33%
Public/consumer of the health system	9	56%	22%	11%	0%	11%
Regional Health Authority Management	8	75%	13%	0%	0%	13%
Regional Health Authority Staff	9	89%	11%	0%	0%	0%
Seniors Organization	6	50%	0%	0%	17%	33%
Average	101	43%	14%	6%	2%	36%
Average (respondents only)	65	66%	22%	9%	3%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	17%	0%	0%	0%	83%
Health Authority Board	10	50%	20%	0%	0%	30%
Lodge Foundation	12	0%	0%	67%	0%	33%
Other	30	20%	23%	0%	3%	53%
Professional Association	6	50%	0%	17%	17%	17%
Public/consumer of the health system	9	33%	33%	22%	0%	11%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	67%	33%	0%	0%	0%
Seniors Organization	6	33%	17%	0%	17%	33%
Average	101	32%	20%	11%	3%	35%
Average (respondents only)	66	48%	30%	17%	5%	0%

Recommendation 48: Clarify responsibility for health-related transportation

The Committee recommends that:

- Steps should be taken by the provincial government to sort out responsibility for a variety of health-related transportation issues, including ambulance services.

Of those responding to the questions:

97% agreed; 88% very important/important; 78% very urgent/urgent

Transportation is an issue that affects the operation of the continuing care system. Support was given for the development of an organized, comprehensive and reliable system to ensure safe, efficient and appropriate transportation for users, considering a partnership between municipalities and health authorities. Specific points were reinforced:

- Transportation needs are high in rural Alberta, not only for physician appointments and other health-related services, but also for shopping, recreation and visiting. Transportation needs to be adequately addressed and funded.
- Jurisdiction for transportation services needs to be clarified. Where funding has been provided for transportation, accountability needs to be enforced to ensure that funds are being used accordingly.
- Alternatives to ambulances are required for clients needing transfer between communities or travel to specialist appointments. Other transfer systems, handi-vans and travelling clinics need to be considered.
- Ambulance services need to be reviewed. The provision of ALS (Advanced Life Support) in rural communities and the incorporation of ambulances under the jurisdiction of health authorities are two areas that need examination.

Recommendation 49—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	58%	8%	33%
Other	30	53%	0%	47%
Professional Association	6	83%	0%	17%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	67%	11%	22%
Seniors Organization	6	83%	0%	17%
Average	101	65%	2%	33%
Average (respondents only)	68	97%	3%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	20%	40%	0%	0%	40%
Lodge Foundation	12	0%	58%	0%	0%	42%
Other	30	27%	17%	7%	0%	50%
Professional Association	6	67%	17%	0%	0%	17%
Public/consumer of the health system	9	33%	33%	22%	0%	11%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	22%	44%	11%	0%	22%
Seniors Organization	6	33%	17%	17%	0%	33%
Average	101	30%	28%	6%	0%	37%
Average (respondents only)	64	47%	44%	9%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	10%	40%	10%	0%	40%
Lodge Foundation	12	0%	58%	0%	0%	42%
Other	30	23%	17%	10%	0%	50%
Professional Association	6	50%	17%	17%	0%	17%
Public/consumer of the health system	9	33%	22%	33%	0%	11%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	22%	33%	22%	0%	22%
Seniors Organization	6	33%	17%	17%	0%	33%
Average	101	27%	26%	11%	0%	37%
Average (respondents only)	64	42%	41%	17%	0%	0%

Recommendation 49: Establish clear lines of accountability

The Committee recommends that:

- The current work of Alberta Health and Wellness in clarifying accountability should be endorsed and supported.
- As noted in the recommendations regarding future legislation, a new Continuing Care Act should clarify the roles and responsibilities of the various organizations involved in continuing care, ensure that consistent standards are in place, and establish a clear mechanism for monitoring the quality of care provided throughout the continuing care system.
- As noted in recommendations related to funding mechanisms, a core set of provincial outcome measures should be developed for continuing care. Regional health authorities should report on those measures as part of their annual reporting requirements.

Of those responding to the questions:

97% agreed; 91% very important/important; 83% very urgent/urgent

Support was shown for establishing clear lines of accountability. Specific requirements for clear definitions of fiscal, policy and programming responsibility and accountability within and beyond the continuing care system were reinforced. Respondents also noted that accountability went beyond reporting, that clear processes for accountability also had to be demonstrated.

Provincial outcome measures are needed to enable continuing care providers to benchmark with each other with quality improvement as a major objective. Identifying and sharing information on best practices will be important for the system and the public. Program evaluations will also be important in measuring success.

Recommendation 50—Agreement, importance and urgency responses

Agreement	N	Yes	No	No response
Community Health Council	5	60%	0%	40%
Government Department	6	33%	0%	67%
Health Authority Board	10	70%	0%	30%
Lodge Foundation	12	58%	0%	42%
Other	30	57%	0%	43%
Professional Association	6	67%	0%	33%
Public/consumer of the health system	9	89%	0%	11%
Regional Health Authority Management	8	88%	0%	13%
Regional Health Authority Staff	9	89%	0%	11%
Seniors Organization	6	83%	0%	17%
Average	101	67%	0%	33%
Average (respondents only)	68	100%	0%	0%

Importance	N	Very important	Important	Some importance	Not at all important	No response
Community Health Council	5	40%	20%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	40%	20%	0%	0%	40%
Lodge Foundation	12	50%	0%	8%	0%	42%
Other	30	27%	20%	7%	0%	47%
Professional Association	6	50%	17%	0%	0%	33%
Public/consumer of the health system	9	44%	33%	11%	0%	11%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	44%	44%	0%	0%	11%
Seniors Organization	6	50%	17%	0%	0%	33%
Average	101	41%	20%	4%	0%	36%
Average (respondents only)	65	63%	31%	6%	0%	0%

Urgency	N	Very urgent	Urgent	Somewhat urgent	Not at all urgent	No response
Community Health Council	5	20%	40%	0%	0%	40%
Government Department	6	33%	0%	0%	0%	67%
Health Authority Board	10	10%	50%	0%	0%	40%
Lodge Foundation	12	0%	50%	8%	0%	42%
Other	30	27%	10%	17%	0%	47%
Professional Association	6	50%	17%	0%	0%	33%
Public/consumer of the health system	9	33%	22%	22%	0%	22%
Regional Health Authority Management	8	63%	25%	0%	0%	13%
Regional Health Authority Staff	9	33%	33%	22%	0%	11%
Seniors Organization	6	33%	33%	0%	0%	33%
Average	101	28%	26%	10%	0%	37%
Average (respondents only)	64	44%	41%	16%	0%	0%

Recommendation 50: Set standards and monitor outcomes

The Committee recommends that:

- Measurable program standards consistent with the overall direction of this report should be developed and implemented by Alberta Health and Wellness and regional health authorities.

- These standards should be included in the contracts that regional health authorities have with private and volunteer agencies and facilities.

- The current monitoring and evaluation mechanisms should be reviewed and embraced on a continuing basis to ensure that standards are being met, and quality of care is appropriate and consistent across the province. Alberta Health and Wellness should lead this review in cooperation with regional health authorities.

- As noted in earlier recommendations, a new Continuing Care Act should establish policies and standards for care. A core set of measures should also be established, and performance should be tracked on a continuing basis.

Of those responding to the questions:

100% agreed; 94% very important/important; 85% very urgent/urgent

Support was given for the development of standards and the monitoring of outcomes. Specific points reinforced were:

- Clear standards and definitions are needed regarding access (including reasonable access), affordability, funding, financial responsibility, and service expectations. Standards must be quantifiable and measurable.

- A collaborative and inclusive approach is needed for the development of standards, including citizen and community organizations, with Alberta Health and Wellness taking the lead.

- Standards need to be applicable across continuing care, including private and voluntary organizations. All standards need to be subject to ethical review. Standards also need to allow for flexibility and creativity.

- Outcome indicators need to include objective clinical endpoints, quality care, client satisfaction and quality of life measures.

- Specific nutritional standards are needed in continuing care facilities.

- The administrative burden of implementing and monitoring standards and accountability processes should be minimized.

Appendix A

Listing Of Respondents

Appendix A

Listing Of Respondents

AARN: Westlock Long Term Care Centre
Alberta Association of Registered Nurses
Alberta Association of Registered Occupational Therapists
Alberta Association on Gerontology
Alberta Centre for Injury Control and Research
Alberta Children's Services
Alberta Community Development
Alberta Family and Social Services (FSS)
Alberta Heritage Foundation for Medical Research
Alberta Human Resources and Employment
Alberta Justice
Alberta Learning
Alberta Long Term Care Association
Alberta Managers' Society, Senior Citizens' Housing
Alberta Medical Association
Alberta Mental Health Board
Alberta Public Housing Administrators' Association
Alberta Resource Development
Alberta Senior Citizens' Housing Association
Alberta Treasury
Alzheimer Society of Alberta
Aspen Health Authority Staff
Association Canadienne-Francaise de L'Alberta
Association of Adult Day Support Programs
Calgary Regional Health Authority
Capital Care Group (CHOICE program) (2)
Capital Health Authority
Central Park Lodges
Chinook Heath Region
City of Grande Prairie Home Support Program
Crossroads Regional Health Authority
Dietitians of Canada
East Central Regional Health Authority
Evansburg and District Community Health Council (2)
Extendicare
Foothills Foundation - Providing Independent Living for Seniors
Grande Prairie Care Centre
Grande Spirit Foundation
Green Acres Foundation
Headwaters Health Authority (2)

Health Authority #5
High Prairie Health Care Auxiliary Society
Home Care and Support Association
Keeweetimok Lakes Regional Health Authority #15
Kerby Centre
Lamont Health Care Centre
Mistahia Health Region
Multiple Sclerosis Society - Southeastern Chapter
Multiple Sclerosis Society of Canada
Multiple Sclerosis Society of Canada, Alberta Division Edmonton Chapter
Municipal District of Pincher Creek
Municipal District of Pincher Creek #9 Committee
North Peace Housing Foundation
Northern Lights Regional Health Authority (3)
Northwestern Health Services Region
Palliative Care Association of Alberta (PCAA)
Peace Health Region (2)
Priority Nursing Care
Provincial Health Ethics Network
Seniors Advisory Council for Alberta
Seniors Community Health Council
Seniors' Programs, Community Services, Town of Banff
The Bethany Group, Camrose
The Capital Care Group
The Society for the Retired and Semi-Retired
University of Calgary, Faculty of Medicine
Veterans Affairs Canada
Westview Regional Health Authority (3)
Westview RHA - Devon Adult Day Support Program
Youville Home

Anonymous Groups:
Local Community Health Councils (2)
Lodge Foundations (4)
Long Term Care Facilities (2)
Professional Association (1)
Public (12 individuals)
RHA Management (1)

Appendix B

Tables Showing Recommendations By Percentage Of Agreement, Very Important And Very Urgent

Appendix B

Tables Showing Recommendations By Percentage Of Agreement, Very Important And Very Urgent

Exhibit B-1
Recommendations by percentage of agreement

Number	Recommendation	% Yes
01	Address immediate needs	100%
02	Promote healthy lifestyles and prevent illness and injury	100%
05	Adopt a primary health care model for services to older people	100%
06	Coordinate health services for older people within and between regions	100%
09	Expand geriatric assessment services across the province	100%
10	Strengthen case coordination and improve discharge planning	100%
14	Ensure a broad range of continuing care services across the province	100%
17	Expand the supportive housing stream	100%
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias	100%
21	Expand community-based mental health services for older people	100%
32	Increase funding to reflect the impact of an aging population	100%
40	Expand education and training for professionals and nonprofessionals	100%
50	Set standards and monitor outcomes	100%
04	Design future communities for an aging population	99%
16	Expand home care and community services	99%
18	Revitalize long term care centre	99%
20	Address the continuing care needs of people with disabilities	99%
31	Introduce a new Continuing Care Act	99%
43	Ensure an adequate supply of health care professionals and other providers work with an aging population	99%
07	Reorganize acute care services	98%
08	Expand acute geriatric services in the regions	98%
12	Expand coordinated access to include all continuing care services	98%
38	Take steps to address appropriate use of medications by older people	98%
39	Provide support for equipment and supplies	98%
41	Establish basic standards for continuing care staff	98%

Exhibit B-1
Recommendations by percentage of agreement (continued)

Number	Recommendation	% Yes
03	Empower and engage seniors	97%
11	Adopt a new scenario for the future of continuing care	97%
13	Implement new assessment tools	97%
37	Address the high cost of drugs provided in continuing care centres	97%
47	Expand research on aging and continuing care	97%
48	Clarify responsibility for health related transportation	97%
49	Establish clear lines of accountability	97%
36	Phase in new programs to support short term acute care drugs used at home	95%
45	Expand respite care	95%
22	Respond to cultural and ethnic diversity of people in continuing care	94%
46	Take steps to explore ethical issues	94%
44	Support informal caregivers	93%
27	Provide exemptions for subacute care	92%
42	Establish a province-wide program in seniors health and geriatric care	92%
33	Maintain population-based funding, set outcome measures, and consider geriatric assessment as a province-wide services.	90%
24	Increase charges in continuing care centres	89%
30	Phase in any changes to cost recovery charges and subsidies	89%
15	Implement a new information, assessment and referral process	88%
34	Fund continuing care facilities consistently across the province	82%
28	Provide exemptions for palliative care	78%
35	Provide capital support	77%
25	Target additional revenues from increased charges to improving services and upgrading facilities	76%
29	Provide some exemptions for respite care	76%
26	Increase home care charges for daily living services	75%
23	Adopt a conceptual framework on responsibility for costs	67%

Exhibit B-2
Recommendations by percentage of very important

Number	Recommendation	N	1
43	Ensure an adequate supply of health care professionals and other providers work with an aging population	64	89%
01	Address immediate needs	70	87%
32	Increase funding to reflect the impact of an aging population	65	86%
36	Phase in new programs to support short term acute care drugs used at home	58	86%
37	Address the high cost of drugs provided in continuing care centres	62	84%
41	Establish basic standards for continuing care staff	61	84%
31	Introduce a new Continuing Care Act	65	80%
45	Expand respite care	63	75%
07	Reorganize acute care services	65	74%
10	Strengthen case coordination and improve discharge planning	66	74%
38	Take steps to address appropriate use of medications by older people	62	74%
09	Expand geriatric assessment services across the province	67	73%
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias	67	73%
40	Expand education and training for professionals and nonprofessionals	64	73%
18	Revitalize long term care centre	65	72%
11	Adopt a new scenario for the future of continuing care	66	70%
16	Expand home care and community services	67	70%
34	Fund continuing care facilities consistently across the province	57	70%
08	Expand acute geriatric services in the regions	61	69%
17	Expand the supportive housing stream	68	69%
39	Provide support for equipment and supplies	62	68%
33	Maintain population-based funding, set outcome measures, and consider geriatric assessment as a province-wide services.	55	67%
44	Support informal caregivers	61	67%
06	Coordinate health services for older people within and between regions	68	66%
48	Clarify responsibility for health related transportation	65	66%
21	Expand community-based mental health services for older people	64	64%

Exhibit B-2
Recommendations by percentage of very important (continued)

Number	Recommendation	N	1
02	Promote healthy lifestyles and prevent illness and injury	70	63%
04	Design future communities for an aging population	68	63%
13	Implement new assessment tools	64	63%
50	Set standards and monitor outcomes	65	63%
30	Phase in any changes to cost recovery charges and subsidies	58	59%
12	Expand coordinated access to include all continuing care services	65	58%
35	Provide capital support	51	53%
28	Provide exemptions for palliative care	45	51%
05	Adopt a primary health care model for services to older people	60	50%
23	Adopt a conceptual framework on responsibility for costs	52	50%
46	Take steps to explore ethical issues	64	50%
20	Address the continuing care needs of people with disabilities	63	48%
25	Target additional revenues from increased charges to improving services and upgrading facilities	50	48%
26	Increase home care charges for daily living services	51	47%
49	Establish clear lines of accountability	64	47%
24	Increase charges in continuing care centres	56	45%
03	Empower and engage seniors	67	43%
15	Implement a new information, assessment and referral process	60	43%
14	Ensure a broad range of continuing care services across the province	65	42%
42	Establish a province-wide program in seniors health and geriatric care	60	38%
47	Expand research on aging and continuing care	63	38%
27	Provide exemptions for sub-acute care	60	35%
29	Provide some exemptions for respite care	51	31%
22	Respond to cultural and ethnic diversity of people in continuing care	65	23%

Exhibit B-3
Recommendations by percentage of very urgent

Number	Recommendation	N	1
43	Ensure an adequate supply of health care professionals and other providers work with an aging population	64	88%
32	Increase funding to reflect the impact of an aging population	65	85%
01	Address immediate needs	69	83%
36	Phase in new programs to support short term acute care drugs used at home	58	81%
37	Address the high cost of drugs provided in continuing care centres	61	77%
10	Strengthen case coordination and improve discharge planning	65	69%
40	Expand education and training for professionals and nonprofessionals	64	69%
38	Take steps to address appropriate use of medications by older people	62	68%
41	Establish basic standards for continuing care staff	61	67%
45	Expand respite care	63	67%
39	Provide support for equipment and supplies	61	66%
31	Introduce a new Continuing Care Act	66	65%
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias	67	64%
34	Fund continuing care facilities consistently across the province	59	64%
16	Expand home care and community services	68	63%
06	Coordinate health services for older people within and between regions	66	62%
17	Expand the supportive housing stream	68	62%
33	Maintain population-based funding, set outcome measures, and consider geriatric assessment as a province-wide services.	55	60%
44	Support informal caregivers	62	58%
11	Adopt a new scenario for the future of continuing care	65	57%
08	Expand acute geriatric services in the regions	63	56%
13	Implement new assessment tools	62	56%
07	Reorganize acute care services	64	55%
09	Expand geriatric assessment services across the province	67	54%
21	Expand community-based mental health services for older people	64	53%
28	Provide exemptions for palliative care	45	49%
48	Clarify responsibility for health related transportation	66	48%
18	Revitalize long term care centre	64	47%
02	Promote healthy lifestyles and prevent illness and injury	70	46%
35	Provide capital support	51	45%
30	Phase in any changes to cost recovery charges and subsidies	57	44%
50	Set standards and monitor outcomes	64	44%
27	Provide exemptions for sub-acute care	59	42%
49	Establish clear lines of accountability	64	42%
25	Target additional revenues from increased charges to improving services and upgrading facilities	51	41%
46	Take steps to explore ethical issues	63	41%
04	Design future communities for an aging population	68	40%
26	Increase home care charges for daily living services	50	40%

Exhibit B-3
Recommendations by percentage of very urgent (continued)

Number	Recommendation	N	1
15	Implement a new information, assessment and referral process	59	39%
23	Adopt a conceptual framework on responsibility for costs	51	39%
24	Increase charges in continuing care centres	55	38%
12	Expand coordinated access to include all continuing care services	63	37%
05	Adopt a primary health care model for services to older people	60	35%
03	Empower and engage seniors	66	33%
14	Ensure a broad range of continuing care services across the province	62	29%
47	Expand research on aging and continuing care	62	29%
20	Address the continuing care needs of people with disabilities	62	26%
42	Establish a province wide program in seniors health and geriatric care	60	23%
29	Provide some exemptions for respite care	51	20%
22	Respond to cultural and ethnic diversity of people in continuing care	64	19%

Appendix C

Level Of Agreement, Importance And Urgency Of Each Recommendation

Appendix C

Level Of Agreement, Importance And Urgency Of Each Recommendation

Number	Recommendation	Agreement	Importance[1]	Urgency[2]
01	Address immediate needs	100%	100%	99%
02	Promote healthy lifestyles and prevent illness and injury	100%	90%	83%
03	Empower and engage seniors	97%	88%	72%
04	Design future communities for an aging population	99%	89%	77%
05	Adopt a primary health care model for services to older people	100%	93%	80%
06	Coordinate health services for older people within and between regions	100%	94%	86%
07	Reorganize acute care services	98%	94%	89%
08	Expand acute geriatric services in the regions	98%	95%	91%
09	Expand geriatric assessment services across the province	100%	95%	9%
10	Strengthen case coordination and improve discharge planning	100%	92%	94%
11	Adopt a new scenario for the future of continuing care	97%	100%	92%
12	Expand coordinated access to include all continuing care services	98%	96%	91%
13	Implement new assessment tools	97%	93%	90%
14	Ensure a broad range of continuing care services across the province	100%	91%	87%
15	Implement a new information, assessment and referral process	88%	86%	85%
16	Expand home care and community services	99%	94%	95%
17	Expand the supportive housing stream	100%	95%	90%
18	Revitalize long term care centre	99%	98%	85%
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias	100%	98%	97%
20	Address the continuing care needs of people with disabilities	99%	94%	79%
21	Expand community-based mental health services for older people	100%	98%	92%

Number	Recommendation	Agreement	Importance	Urgency
22	Respond to cultural and ethnic diversity of people in continuing care	99%	66%	44%
23	Adopt a conceptual framework on responsibility for costs	67%	90%	84%
24	Increase charges in continuing care centres	89%	88%	82%
25	Target additional revenues from increased charges to improving services and upgrading facilities	76%	82%	74%
26	Increase home care charges for daily living services	75%	86%	78%
27	Provide exemptions for sub-acute care	92%	92%	91%
28	Provide exemptions for palliative care	78%	93%	89%
29	Provide some exemptions for respite care	76%	86%	73%
30	Phase in any changes to cost recovery charges and subsidies	89%	88%	76%
31	Introduce a new Continuing Care Act	99%	97%	80%
32	Increase funding to reflect the impact of an aging population	100%	97%	96%
33	Maintain population-based funding, set outcome measures, and consider geriatric assessment as a province-wide service	90%	94%	93%
34	Fund continuing care facilities consistently across the province	82%	93%	93%
35	Provide capital support	77%	88%	80%
36	Phase in new programs to support short term acute care drugs used at home	95%	100%	98%
37	Address the high cost of drugs provided in continuing care centres	97%	97%	98%
38	Take steps to address appropriate use of medications by older people	98%	92%	92%
39	Provide support for equipment and supplies	98%	95%	91%
40	Expand education and training for professionals and nonprofessionals	100%	95%	89%
41	Establish basic standards for continuing care staff	98%	99%	93%
42	Establish a province-wide program in seniors health and geriatric care	92%	80%	60%
43	Ensure an adequate supply of health care professionals and other providers work with an aging population	99%	97%	96%
44	Support informal caregivers	93%	85%	84%
45	Expand respite care	95%	97%	92%
46	Take steps to explore ethical issues	94%	84%	73%
47	Expand research on aging and continuing care	97%	84%	61%
48	Clarify responsibility for health related transportation	97%	88%	78%
49	Establish clear lines of accountability	97%	91%	83%
50	Set standards and monitor outcomes	100%	94%	85%

[1] *Very important and important percentages were combined.*

[2] *Very urgent and urgent percentages were combined*